


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # A95000000142<br>1. Entity Name<br>WOOD FAMILY PARTNERSHIP, LTD. |  |
|--|---|

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|--|--|
| Principal Place of Business<br>C/O MAITLAND INVESTMENTS, INC.<br>201 ANSIN BLVD.<br>HALLANDALE, FL 33009 | Mailing Address<br>C/O MAITLAND INVESTMENTS, INC.<br>201 ANSIN BLVD.<br>HALLANDALE, FL 33009 |
|--|--|



01162007 No Chg-LP CR2E003 (12/06)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0554418                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>WOOD, ROLAND<br>201 ANSIN BLVD.<br>HALLANDALE, FL 33009 |
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**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                            |
|---------------------------------|----------------------------|
| DOCUMENT #                      | 673098                     |
| NAME                            | MAITLAND INVESTMENTS, INC. |
| STREET ADDRESS                  | 201 ANSIN BLVD.            |
| CITY-ST-ZIP                     | HALLANDALE, FL 33009       |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY-ST-ZIP                     |                            |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY-ST-ZIP                     |                            |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY-ST-ZIP                     |                            |

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X (Roland) X 1-25-07 954 457 7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #