

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 3, 2008**

DOCUMENT # A95000000142
1. Entity Name
WOOD FAMILY PARTNERSHIP, LTD.



FILED
Sep 03, 2008 08:00 AM
Secretary of State



Principal Place of Business: **C/O MAITLAND INVESTMENTS, INC. 201 ANSIN BLVD. HALLANDALE FL 33009**
Mailing Address: **C/O MAITLAND INVESTMENTS, INC. 201 ANSIN BLVD. HALLANDALE FL 33009**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0554418**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WOOD, ROLAND
201 ANSIN BLVD.
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *[Signature]* DATE **8-21-08**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

File Now!!! Fee is \$900.00 • Due By September 3, 2008

**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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	U00000958967 09/03/08-80011-006 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE: **8-21-08** PHONE: **954-457-7777**

STAPLE CHECK HERE