


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000000190</b>					
1. Entity Name <b>VALEWOOD LIMITED</b>					
Principal Place of Business <b>2338 IMMOKALEE RD., #161 NAPLES, FL 34110</b>			Mailing Address <b>2338 IMMOKALEE RD., #161 NAPLES, FL 34110</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>65-0562991</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COLLINS, JAMES E 2338 IMMOKALEE RD., #161 NAPLES, FL 34110</b>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$151,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	COLLINS, JAMES E TRUSTEE		CITY - ST - ZIP		
CITY - ST - ZIP	2338 IMMOKALEE RD., #161 NAPLES, FL 34110				
DOCUMENT #	NAME		STREET ADDRESS	000000363685	
STREET ADDRESS			CITY - ST - ZIP	05/06/05-80009-005.526.25	
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>James E. Collins, Gen. Partner</u>			04-25-05		239-254-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE