## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE LIMITED PARTNERSHIP ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations

1998

12421 NORTH FLORIDA AVENUE. SUITE C-220



DIVISION OF CORPORATIONS

1. Name of Limited Partnership

WOODFIELD, LTD.

Mailing Address

**TAMPA FL 33612** 

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a. DOCUMENT # **A9500000955** 

12421 NORTH FLORIDA AVENUE, SUITE C-220

Principal Office Address

TAMPA FL 33612

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 11 AM 9:31

3. Date Formed or Registered

06/19/1995

3a. Date of Last Report



**5a.** Capital Contributions as Shown on record

\$2,000,000.00

				01/21/1997	5b. Amount of Capital Contributions in Ft ORIDA to date		
	W 4.44	20		4. State or Country of Formation			
2. Malling Address		Zu. Principal Utilice Address	2a. Principal Office Address				
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  City & State		FL 6. FEI Number	<u> </u>	Fb .	
				65-0600418	65-0600418 Appli		
Ony or a	State	City & State		7. Certificate of Status Desired	×4	\$8.75 Additional	
Zip	Country	Zip Country			721	Fee Required	
				8. Make check payable to: Dept. of	State (See rev	/erse side for fee information)	
·····	9. Name and Address of Current	Registered Agent	ad Agent 10. II changod, new Registered Agent/Office				
			Name				
	ODFIELD CORPORATION	^^^	Street Address (P.O. Box Number SNI Asia 1811) 2 3 7 5 9 2 5 3				
	1 NORTH FLORIDA AVENUE, SUITE C-	220	Suite, Apl. #, etc.		/97=~01118=-002		
TAMPA FL 33612			ļ	******5	50.00	****550.00	
	_		City		FL	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-hamed limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)							
A C	SENERAL PARTNER THAT	IS A CORPORATION I				NESS ENTITY	
	MUST	' BE REGISTERED AN	D ACTIVE W	ITH THIS OFFICE.			
11.	Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
WOODFIELD CORPORATION		12421 NORTH FLORIDA A	TA	TAMPA FL 33612		- <b>P95000039981</b> (26/9)	
•							_
	Concret martners MAY NOT	he changed on this form	y an amandm	ent must be filed to sh	ange e g	anaral nartnar	
New General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
1 The hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that privilege shall have fine same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charter 620. Florida fractures.  S. GNATURE  DATE  Daytime Telephone Number  Division of Corporations structure in the information supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charter 620. Florida fractures.  DATE  DATE  Daytime Telephone Number  Division of Corporations (Included Statutes). The corrections of the information indicated on this annual report is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charter 620. Florida fractures as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charter 620. Florida fractures are required to exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required to exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required to execute this report as required to execute the information access. I further certify that I am a General Par							
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Typed or Printed Name of General Partner Signing Form. Charles P HAY Daytime Telephone Number 8/3-935-836/							