

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 25 AM 9:31

SEE OFFICE STATE
TALLAHASSEE FLORIDA *MJH*

DOCUMENT # A95000000955



1. Entity Name
WOODFIELD, LTD.

Principal Place of Business Mailing Address
12421 NORTH FLORIDA AVENUE, SUITE C-220 **12421 NORTH FLORIDA AVENUE, SUITE C-220**
TAMPA, FL 33612 **TAMPA, FL 33612**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04122004 Chg-LP CR2E003 (10/03) *6/25*

4. FEI Number **65-0600418** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WOODFIELD CORPORATION
12421 NORTH FLORIDA AVENUE, SUITE C-220
TAMPA, FL 33612

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

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 # **P95000039981**
NAME **WOODFIELD CORPORATION**
STREET ADDRESS **12421 NORTH FLORIDA AVENUE, SUITE C-220**
CITY-ST-ZIP **TAMPA, FL 33612**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **800038774718**
CITY-ST-ZIP **07/07/04--01002--007 **535.00**

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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)(i), 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]* **4/20/04** **935-8361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE