

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A95000001649</b>					
<b>1. Entity Name</b> WOODLAND III, LTD.					
<b>Principal Place of Business</b> 412 NE 16TH AVENUE GAINESVILLE, FL 32601			<b>Mailing Address</b> P.O. BOX 1776 GAINESVILLE, FL 32602		
<b>2. Principal Place of Business</b> 4127 NW 27th Ln.		<b>3. Mailing Address</b> PO Box 357845			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.			
City & State Gainesville FL		City & State Gainesville FL		<b>4. FEI Number</b> 59-2864507	
Zip 32606		Country USA		Applied For Not Applicable	
Zip 32635		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEE, DENNIS G 412 NE 16TH AVENUE GAINESVILLE, FL 32601			<b>7. Name and Address of New Registered Agent</b> Name: Dennis G. Lee Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Suite A City: Gainesville FL Zip Code: 32606		
<b>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.</b> SIGNATURE: <u>Dennis G. Lee</u> DATE: <u>1/29/04</u>					
<b>9. Capital Contributions as Shown on record.</b> \$2,000,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$2,000,000.00		\$ 526.25	
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	G56910		STREET ADDRESS	4127 NW 27th Ln, Suite A	
NAME	FLORIDA WOODLAND, INC.		CITY-ST-ZIP	Gainesville FL 32606	
STREET ADDRESS	412 NE 16 AVENUE				
CITY-ST-ZIP	GAINESVILLE, FL 32601				
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CITY-ST-ZIP					
<b>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</b>					
<b>SIGNATURE:</b> <u>Dennis G. Lee</u>			DATE: <u>1/29/04</u> DAYTIME PHONE #: <u>352-334-1976</u>		

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MAJW

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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