2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

CHECK

SIGNATURE:

Jan 28, 2005 08:00 AM Secretary of State **DOCUMENT # A95000001649** 1. Entity Name WOODLAND III, LTD. Principal Place of Business Mailing Address 4127 NW 27TH LN P.O. BOX 357845 GAINESVILLE, FL 32635 GAINESVILLE, FL 32635 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Cha-LP CR2E003 (10/03) City & State Applied For City & State 4. FEI Number 59-2864507 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, DENNIS G Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27TH LN GAINESVILLE, FL 32635 Zip Code City 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, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions 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. \$2,000,000.00 as Shown on record. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12 DOCUMENT # STREET ADDRESS FLORIDA WOODLAND, INC. NAME STREET ADDRESS 4127 NW 27TH LN CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32635 01/28/05-80106-001 526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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)(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 logal 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

Donnis G. Lee

FILED