

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000001650 1. Entity Name WOODLAND PARTNERSHIP, LTD.				FILED 04 FEB 11 AM 11:16 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 412 NE 16TH AVENUE GAINESVILLE, FL 32601		Mailing Address P.O. BOX 1776 GAINESVILLE, FL 32602		 01092004 Chg-LP CR2E003 (10/03) 2/11	
2. Principal Place of Business 4127 NW 27th Ln. Suite, Apt. #, etc. Suite A		3. Mailing Address P.O. Box 357845 Suite, Apt. #, etc.			
City & State Gainesville FL Zip 32606 Country USA		City & State Gainesville FL Zip 32635 Country USA			
4. FEI Number 59-2673461		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 LEE, DENNIS G 412 NE 16TH AVENUE GAINESVILLE, FL 32601		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, Suite A City Gainesville FL 32606			
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 <u><i>Dennis G. Lee</i></u> Dennis G. Lee 1/29/04 DATE					
9. Capital Contributions as Shown on record. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,000,000.00		\$ 526.25	
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			13. ADDRESS CHANGES ONLY		
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 AVE				
CITY-ST-ZIP	GAINESVILLE, FL 32601				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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: <u><i>Dennis G. Lee</i></u> Dennis G. Lee 1/29/04 352-334-1976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE