2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Jan 25, 2006 08:00 AM DOCUMENT # A95000001650 **Secretary of State** WOODLAND PARTNERSHIP, LTD. Principal Place of Business Mailing Address 4127 NW 27TH LN., SUITE A P.O. BOX 357845 GAINESVILLE, FL 32606 GAINESVILLE, FL 32635 01112006 No Chg LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2673461 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LEE, DENNIS G DO NOT WRITE 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 IN THIS SPACE 3. 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 objections of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if explicable DATE FILE NOW!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. G56910 DOCUMENT # FLORIDA WOODLAND, ÎNC. MARK U000**0**0401870 02/02/06-80063-019 500.00 STREET ADDRESS 4127 NW 27TH LN., SUITE A CITY-ST-ZF GAINESVILLE, FL 32608 DOCUMENT # MAKE SURLET ADDRESS CITY-ST-ZIP DOCUMENT! MARKE DO NOT WRITE STREET ADORESS CHY-ST-ZIP IN THIS SPACE DOCUMENT# NAME STREET ADDRESS OCTY-ST-7/P DOCUMENT # HAME STREET ADDRESS 0/1Y-\$1-ZIP BOCUMENT # NAME

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118. 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 each, 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:

STREET ADDRESS CITY-ST-ZIP

DIGHATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PART

1-17-06