FILE ON OR BEFORE APRIL 5, 1997 TO AVOID REVOCATION
AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT. 1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 18 PM 1:28

BK 4/18/97

1. Name of Limited Partnership

1a. DOCUMENT # A96000001971

THE RESON LEE AND SHAUN K. WOODS FAMILY LIMITED PARTNERSHIP

Mailing Address
5294 CREWSVILLE ROAD
ZOLFO SPRINGS FL 33890

Principal Office Address
5294 CREWSVILLE ROAD
ZOLFO SPRINGS FL 33890

3. Date Formed or Registered: 10/21/1996

3a. Date of Last Report:

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $10,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

6. FEI Number: 65-0702174 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
PAYER, JAMES D
299 ALHAMBRA CIRCLE, SUITE 221
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Numbers Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

500002215009--1
04/22/97--01076--003
****217.50 ****217.50

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
WOODS, RESON LEE	5294 CREWSVILLE ROAD	ZOLFO SPRINGS FL 3389	
WOODS, SHAUN K	5294 CREWSVILLE ROAD	ZOLFO SPRINGS FL 3389	

AR — 70.00
SUPP — 138.75
COS — 8.75
217.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] Wendell Whitehouse DATE 4/17/97

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