

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 22 AM 9:04

<b>DOCUMENT # A96000002467</b>					
1. Entity Name WOOTEN FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 32330 E. TAMiami TRAIL OCHOPEE, FL 34141			Mailing Address HCR 61 BOX 120 OCHOPEE, FL 34141		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0698551	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WOOTEN, S. GENE HCR 61 BOX 120 OCHOPEE, FL 34141				7. Name and Address of New Registered Agent Name <u>Thomas F. Hudgins</u> Street Address (P.O. Box Number is Not Acceptable) <u>801 12th Avenue South, Ste 200</u> City <u>Naples</u> FL <u>34102</u>	
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>[Signature]</u> DATE <u>7-19-05</u>					
9. Capital Contributions as Shown on record. \$1,057,500.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
NAME	WOOTEN, S. GENE TRUSTEE		CITY - ST - ZIP		
STREET ADDRESS	HCR 61 BOX 120				
CITY - ST - ZIP	OCHOPEE, FL 34141				
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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>[Signature]</u>			Date <u>July 19, 2005</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

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