

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A98000001411

1. Entity Name  
NORTHWOODS LIMITED PARTNERSHIP



FILED  
2005 APR 29 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
186 SPYGLASS LANE  
JUPITER, FL 33477

Mailing Address  
C/O MAHONEY COHEN  
1101 BRICKEL AVE., #1402  
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

1200 Brickel Ave  
Suite 700



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

Applied For

65-0864880

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDLAND, JACK  
186 SPYGLASS LANE  
JUPITER, FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 as Shown on record.

\$514,214.00

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 # P98000036653  
NAME NORTHWOODS INVESTMENT, INC.  
STREET ADDRESS 186 SPYGLASS LANE  
CITY-ST-ZIP JUPITER, FL 33477

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

200055150912  
05/23/05--01077--022 \*\*526.25

4/15/05