

2001 UNIFORM BUSINESS REPORT (UBR)

001693 AF

DOCUMENT # A98000001652

1. Entity Name
WOODLEA CAPITAL PARTNERS, LTD.

FILED
01 FEB 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

5 CIRCLE OAK TRAIL **5 CIRCLE OAK TRAIL**
ORMOND BEACH FL 32174 **ORMOND BEACH FL 32174**

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 **59-3520598** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMS, G. LARRY
501 NORTH GRANDVIEW AVENUE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,799,112.84** 10. Amount of Capital Contributions in FLORIDA to date. _____

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	J82427 WOODLEA INVESTMENT COMPANY 501 NORTH GRANDVIEW AVENUE DAYTONA BEACH FL 32118
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	800003802138--4 -03/06/01--01062--005 *****88.75 *****88.75
STREET ADDRESS CITY-ST-ZIP	800003802138--4 -03/06/01--01062--006 *****437.50 *****437.50
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 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: **RECEIVED** Date **02-05-01** Daytime Phone # **904 253-8195**

CP2E003 (11/00)