2003 LIMITED PARTNERSHIP NIFORM BUSINESS REPORT (UBR)

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FILED 1. Entity Name WOODBINE PARTNERS LIMITED PARTNERSHIP 2003 FEB 27 AM 11: 37 DIVISION OF CORPORATIONS Principal Place of Business: Mailing Address 273 SANDPIPER DRIVE TALLAHASSEE, FLORIDA PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** Applied For City & State City & State 4. FEI Number 65-0895802 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENZ, JOHN E Street Address (P.O. Box Number is Not Acceptable) **273 SANDPIPER DRIVE** PALM BEACH FL 33480 Zip Code City 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, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$10,000,000.00 in FLORIDA to date. \$10,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS BENZ, JOHN E NAME **273 SANDPIPER DRIVE** STREET ADDRESS CITY-ST-ZIP <u>500</u>013150485 PALM BEACH FL 33480 CITY-ST-ZIP 02/27/03--01019--014 **535.00 DOCUMENT # STREET ADDRESS BENZ. BARBARA M NAME 273 SANDPIPER DRIVE STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP DOCÙMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

Daytime Phone #

CR2E003 (10/02)