


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 09, 2007 08:00 A
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # A99000000716 | |  |
| 1. Entity Name WOODMERE ASSOCIATES, LTD. | | |
| Principal Place of Business 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 | | Mailing Address P.O. BOX 49948 SARASOTA, FL 34230-6948 |

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02152007 Chg-LP CR2E003 (12/06)

| | | |
|---|--|--|
| 4. FEI Number 65-0917340 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KNOWLES, CHARLES 4034 ROBERTS POINT RD. SARASOTA, FL 34242 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 CITY-ST-ZIP | P99000039798 WOODMERE DEVELOPMENT, INC. 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 400000661603 03/20/07-80051-009 500.00 |
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **David S. Band, President of Woodmere Development, Inc.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/07
Date

Daytime Phone #