

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 1:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A99000001130	
1. Entity Name WOODS FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 9207 ADAMO DRIVE EAST TAMPA, FL 33619	Mailing Address P.O. BOX 76037 TAMPA, FL 33675
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03192005 Chg-LP CR2E003 (10/03)



4. FEI Number 59-3587592		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 MCDERMOTT, MICHAEL J 791 W. LUMSDEN RD BRANDON, FL 33511		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. 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.

9. Capital Contributions as Shown on record. \$47,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	WOODS SR, SANFORD L	STREET ADDRESS	
NAME	15303 BURSLEY CT.	CITY - ST - ZIP	
STREET ADDRESS	TAMPA, FL		
CITY - ST - ZIP			
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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:  04/11/2005 813.620.4300x201
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE