2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 25, 2008 08:00 AM Secretary of State Due By May 1, 2008 **DOCUMENT #A99000001130** WOODS FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 9207 ADAMO DRIVE EAST P.O. BOX 76037 TAMPA, FL 33619 TAMPA, FL 33675 04242008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3587592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J DO NOT WRITE 791 W. LUMSDEN RD BRANDON, FL 33511 IN THIS SPACE 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 FILE NOWI!! FEE IS \$500.00 After May 1, 2008, 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 DOCUMENT # NAME WOODS SR, SANFORD L STREET ADDRESS 15303 BURSLEY CT. CITY-ST-ZIP TAMPA, FL DOCUMENT / NAME STREET ADDRESS CiTY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS

 I hereby certify that the information supp indicated on this report is true and accur qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information If have the same legal effect as if made under oath; that I am a General Partner of the limited partnership by Chapter 620, Florida Statutes or the receiver or trustee empowered

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/24/2008

813.620.4300

Daytime Phone #