2001 UNIFORM BUSINESS REPORT (UBR)

DOCÛMEŇT # B9400000493 1. Entity Name			FILED
WOODBERRY WOODS PARTNERS, L.P., LTD.			01 FEB -9 AN 9 45
Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE
1551 SANDSPUR ROAD	390 N. ORANGE AVENUE.	SUITE 1100	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MAITLAND FL 32751	ORLANDO FL 32801		
2. Principal Place of Business	3. Mailing Address	4961	. 1 1201/02 1910 10110 10110 10110 01110 01110 01110 01110 01110 0110 10100 1110 0110 0110 0110 0110 0110 0110
Suite, Apt. #, etc.	Suite, Apt. #, etc.	τ ιω ι	DO NOT WRITE IN THIS SPACE
City & State	City & State ORUANDO	FL	4. FEI Number Applied For S9-3231193 Not Applicable
Zip Country	^{zig} 32802	Country USA	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLA.,INC 390 NORTH ORANGE AVENUE, SUITE 1100			ss (P.O. Box Number is Not Acceptable)
		Succe Address	ss (1.0. Sox Number is Not Acceptable)
ORLANDO FL 32801		City	- 1 75 Code
0. The share of the			FL Zip Code
8. The above named entity submits this statement	for the purpose of changing its r	egistered office or regis	stered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) . DATE /
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE IN FLORIDA to date.			
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.			
	ER INFORMATION	13.	ADDRESS CHANGES ONLY
STREET ADDRESS 1551 SANDSDUR DOAD		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	4000037087141 -02/19/0101009023
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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: SIGNATURE: SIGNATURE: SIGNATURE: Date Dat			
MICHPIEL J. SCIFICRINO, PRES. Page "Daytime Phone #			