2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9400000493

1. Entity Name WOODBERRY WOODS PARTNERS, L.P., LTD.



FILED

03 APR 14 PM 2: 24

LRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND, FL 32751 ORLANDO, FL 38202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State Applied For 4. 4. FEI Number 59-3231193 Not Applicable \$8.75 Additional Ζlp Country Country 5. 5. Certificate of Status Desired Ėee Required 7. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FLA.,INC** 390 NORTH ORANGE AVENUE, SUITE 1100 Street Address (P.O.3.O. Box Number is Not Acceptable) ORLANDO, FL 32801 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered and agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. CATE MAKE CHECK PAYABLE TO FLEDEPT OF STATES 9. Capital Contributions 10. Amount of Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. \$10,536,493.24 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment mt must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY A93000000229 DOCUMENT A STREET ADDRESS CED CAPITAL HOLDINGS III, LTD. NAME 1661 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP 200016214712 04/17/03--01053--023 **526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY -ST - ZIP DOCUM**ENT** (STREET ADDRESS NAME STREET ADDRESS CITY-St-7IP CITY -ST-7IP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS NAME.

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Sectiontion 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 madeade 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

CEP COPE RULTION, It managing general partner.

CITY-ST-ZIP

managing general partner SIGNATURE:

STAPLE CHECK HERE

STREET ADDRESS

CHY-ST-ZIP

Daytime Phone #