2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -8 AM 11:13

DOCUMENT # B95000000229

1. Entity Name
WOODHILL INVESTMENTS LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
950 W. AVON RD. BLDG. A-2 ROCHESTER HILLS, MI 48307	P.O. BOX 916 BLOOMFIELD HILLS, MI 48304

01122005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
2700 S. ROCHESTER RD Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROCHESTER Hills, MI	City & State
Zip: 48307 County: U.S.A.	Zip / Country

4. FEI Number: 38-3236879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCARFO, MICHAEL D 1314 WINTER SPRINGS BLVD. WINTER SPRINGS, FL 32708	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.	10. Amount of Capital Contributions in FLORIDA to date.
$47,500.00	

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	
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STAPLE CHECK HERE

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: _____ 1/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #