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DIVISION OF CORPORATIONS

2003 I	LIMITED PA	ARTNERSH	IIP
FORM	BUSINES	REPORT	(UBR)
45.47	A07075		•

DOCUMENT # A2/9/5

COLUMBIA TIMBERLANDS, LTD.



Principal Place of Business 5345 ORTEGA BOULEVARD SUITE 7

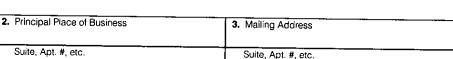
JACKSONVILLE FL 32210

Zip

UNI

Mailing Address 5345 ORTEGA BOULEVARD SUITE 7

JACKSONVILLE FL 32210



DUE BY MAY 1, 2003

City & State City & State 4. FEI Number Applied For 59-2965339 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent WEDEKIND, LEE D JR. 5345 ORTEGA BLVD SUITE 7 JACKSONVILLE FL 32210

Name			
Street Address (P.O. Box Number is Not	Acceptable)	

City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record.

\$2,800,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY	4
DOCUMENT # NAME	Wedekind, lee d jr.	STREET ADDRESS		(10/02)
STREET ADDRESS CITY-ST-ZIP	5345 ORTEGA BLVD., S-7 JACKSONVILLE FL	CITY-ST-ZIP		
DOCUMENT # NAME	LANE, JAMES T JR.	STREET ADDRESS		CR2E003
STREET ADDRESS CITY-ST-ZIP	5345 ORTEGA BLVD., S-7 JACKSONVILLE FL	CITY-ST-ZIP	300010062193 01/13/0301034021 **526.25)
DOCUMENT / NAME		STREET ADDRESS	1	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS	·	
STREET ADDRESS CITY-ST-ZIP	·	CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		

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:

