## 2001 UNIFORM SUSINESS REPORT (UBR) DOCUMENT # FILED 1. Entity Name PEAR STREET TIMBER LIMITED PARTNERSHIP 01 APR -9 PM 12: 28 SECKETARY OF STATE TALEAHASSEE FLORIDA Principal Place of Business Mailing Address 20778 Fannin Ave. P. O. Box 417 Blountstown, FL 32424 Blountstown, FL 32424-0417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3680024 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D. Burke Hayes P. O. Box 417 Street Address (P.O. Box Number is Not Acceptable) Blountstown, FL 32424 same as #13 below 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. D. Burke Hayes 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record. 2,400,000.00 in FLORIDA to date. 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 a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY CR2E003 (11/00) DOCUMENT # STREET ADDRESS 20778 S. E. Fannin Ave. NAME D. Burke Hayes STREET ADDRESS P. O. Box 417 32424 Blountstown, FL CITY-ST-ZIP CITY-ST-ZIP Blountstown. FL 32424 DOCUMENT # Nancy Hayes Breslin 3057 Carlow Circle STREET ADDRESS NAME STREET ADDRESS Tallahassee, FL 32308 CITY-ST-ZIP CITY-ST-ZIP 600004009506--3 -04/16/01--01015--025 DOCUMENT # STREET\_ADDRESS\_ NAME Brooks Anne Meierdierks STREET ADDRESS \*\*\*\*526.25 \*\*\*\*526.25 1018 Marvone Lane CITY-ST-ZIP CITY-ST-ZIP Neptune Beach, FL 32266 DOCUMENT # D. Burke Hayes and Nan I **asvier S**ODRESS NAME as Trustee U/W Brooks Ha ves STREET ADDRESS 20778 S. E. Fannin Ave. CITY-ST-ZIP CITY-ST-ZIP Blountstown, FL 32424 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME .º STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3-6-81 850-674-578
Date Daytime Phone #