2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A0000000368 **DOCUMENT#**

1. Entity Name

PEÁR STREET TIMBER, LTD.



FILED

	03 APR 16 AM 7: 12
GO WE THE	SECRETARY OF STATE

			_ '	1000 WE 175	CHOOK TARY OF STATE.	
Principal Place of Business 20778 FANNIN AVE. BLOUNTSTOWN FL 32424		Mailing Address P.O. BOX 417 BLOUNTSTOWN FL 32424-0417			SECRETARY OF STATE TALLAHASSEE FLORIDA MJH	
2. Principal F	Place of Business	3. Mailing Address		<u></u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State		City & State		 .	4. FEI Number 59-3680024 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
HAYES, D. BURKE			N	lame ·	-	
20778 FA			s	Street Address (P.O. Box Number is Not Acceptable)		
	TOWN FL 32424		<u> </u>			
DECONTO	10/11/11/12/24					
			C	City	. FL Zip Code	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistered o	ffice or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.			DATE	
9. Capital Contributions as Shown on record. \$2,400,000.00 10. Amount of Capital in FLORIDA to date			te.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
					STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNER		13.		ADDRESS CHANGES ONLY	
DOCUMENT #			STREET AD	OUBESS.		
NAME	BRESLIN, NANCY H		SHICE AD	JDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-2	ZIP	800016088528 04/16/0301010012 **526,25	
DOCUMENT /	71120 4 1110 4 11 10 10 10 10 10 10 10 10 10 10 10 10				04/16/0301010012 **\$26.25	
NAME	HAYES, D. BURKE TRUSTEE		STREET AD)DRESS		
STREET ADDRESS	P.O. BOX 417		CITY-ST-2	ZIP		
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		.	<u> </u>		
DOCUMENT # NAME	HAYES, NAN D TRUSTEE		STREET AD	ODRESS .	en e	
	P.O. BOX 417		O(T) OT =			
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		CITY-ST-Z	ZIP		
DOCUMENT # NAME	MEIERDIERKS, BROOKS ANNE		STREET AD	DORESS		
STREET ADDRESS CITY-ST-ZIP	1018 MARVONE LANE NEPTUNE BEACH FL 32266		CITY-ST-Z	ZIP	1001	
DOCUMENT #			STREET AD	ODRESS		
STREET ADDRESS			CITY-ST-Z	ZIP		
CITY-ST-ZIP				1		

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

STREET ADDRESS

SIGNATURE:

DOCEMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

7-8-03 850-674-5789
Date Daytime Phone #