2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A03000000855

1. Entity Name

OVERLAND LAND AND TIMBER COMPANY LTD



FILED Jan 30, 2006 08:00 AM Secretary of State

Principal Place of Business

3185 THOMAS DR. BONIFAY, FL 32425 Mailing Address 3185 THOMAS DR.

BONIFAY, FL 32425



01102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 58-2672475

Applied For Not Applicate

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JERNIGAN, JOE H 3185 THOMAS DR. BONIFAY, FL 32425

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this states	ment for the purpose	of changing its registered office or registe	red agent, or both, in the State o	Florida I am familiar with, and accep
	the obligations of registered agent.				

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

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.

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12.	GENERAL PARTNER INFORMATION				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L03000014008 THE REMINGTON MANAGEMENT GROUP LLC 3185 THOMAS DR. BONIFAY, FL 32425				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT / NAME STREET ADDRESS CHY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					

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DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing opes not qualify for the exemptions contained in Chapter 119, 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:

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

MALISE AND TYPED OF PRINTING NAME OF SIGNING SENERAL PADTINES

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(850) 547-5733