2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A03000000873** 05 MAR 29 AM 11: 35 **OVERLAND I LIMITED PARTNERSHIP** Principal Place of Business Mailing Address 3185 THOMAS DRIVE 3185 THOMAS DRIVE BONIFAY, FL 32425 BONIFAY, FL 32425 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt, #, etc. 03112005 CR2E003 (10/03) City & State Applied For City & State 4. FEI Number -APPLIED FOR-58-2672773- Not Applicable Zip Country Zip 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 JERNIGAN, JOE H 3185 THOMAS DRIVE Street Address (P.O. Box Number is Not Acceptable) BONIFAY, FL 32425 8. The above named entity submits this statemer 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 10. Amount of Capital Contributions 9. Capital Contributions \$0.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. A03000000855 DOCUMENT # STREET ADDRESS NAME OVERLAND LAND AND TIMBER COMPANY LTD 3185 THOMAS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BONIFAY, FL 32425 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this flying 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 of the receiver or trusted empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: