

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A04000000710</b>			
1. Entity Name <b>STANCILS PINEYWOODS, LTD.</b>			
Principal Place of Business <b>6000 N. U.S. HIGHWAY 27 OCALA FL 34482</b>		Mailing Address <b>6000 N. U.S. HIGHWAY 27 OCALA FL 34482</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 28 AM 10:13



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>WILLIAM HAROLD STANCIL 6000 N. U.S. HIGHWAY 27 OCALA FL 34482</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record.		\$6,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
				0	

**11. FILE NOW!!! Due by May 1, 2005**  
See Block 11 instructions for fee info.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000060550	STREET ADDRESS	
NAME	STANCIL MANAGEMENT COMPANY, INC.	CITY-ST-ZIP	
STREET ADDRESS	6000 N. U.S. HIGHWAY 27		
CITY-ST-ZIP	OCALA FL 34482		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800047875478
STREET ADDRESS			03/08/05--01012--009 **141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE