


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

1022  
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06 MAY -1 AM 9:38  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # A05000000605**

1. Entity Name  
 TIMBERLANDS OF HAMILTON, LTD.



Principal Place of Business  
 9625 WES KEARNEY WAY  
 RIVERVIEW, FL 33569

Mailing Address  
 9625 WES KEARNEY WAY  
 RIVERVIEW, FL 33569

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03172006 Chg-LP CR2E003 (11/05)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REED, JAMES M 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		Name	
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000055643	STREET ADDRESS	
NAME	STAR 101 DEVELOPMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	9625 WES KEARNEY WAY		
CITY - ST - ZIP	RIVERVIEW, FL 33569		
DOCUMENT #		STREET ADDRESS	000074622940
NAME		CITY - ST - ZIP	05/15/06--01046--017 **500.00
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CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does 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: Tracy J. Harris, Jr. TRACY J. HARRIS, JR 4/12/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #