

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

1087 FILED
 2007 MAY 10 PM 11:38
 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 - No P.O. Box # 5115 JOANNE KEARNEY BLVD.		3. Mailing Address P.O. BOX 5299			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA, FL.		City & State TAMPA, FL.		4. FEI Number 20-2563674	
Zip 33619		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REED, JAMES M 9625 WES KEARNEY WAY RIVERVIEW, FL 33569				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5115 JOANNE KEARNEY BLVD. City TAMPA FL Zip Code 33619	
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 <u><i>J. Reed</i></u> DATE <u>4/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 NAME STAR 101 DEVELOPMENT, INC. STREET ADDRESS 9625 WES KEARNEY WAY CITY-ST-ZIP RIVERVIEW, FL 33569			STREET ADDRESS 5115 JOANNE KEARNEY BLVD. CITY-ST-ZIP TAMPA, FL 33619		
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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: <u><i>J. Reed</i></u> DATE <u>4/6/07</u> 813 435-7105 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE



03152007 Chg-LP CR2E003 (12/06)

Applied For
 Not Applicable

Zip Code
 33619

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