


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

1087 FILED  
2007 MAY 10 PM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A05000000605</b>			
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.	
Zip 33619	Country USA	Zip 33619	Country USA
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 <i>J. Reed</i> DATE 4/6/07 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</b>			
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000055643 STAR 101 DEVELOPMENT, INC. 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	STREET ADDRESS CITY-ST-ZIP	5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100103049471 05/23/07--01007--011 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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: <i>J. Reed</i> DATE 4/6/07 813 435-7105 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			

STAPLE CHECK HERE