


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.

City & State
 TAMPA, FL.

City & State
 TAMPA, FL.

Zip
 33619

Country
 USA

Zip
 33619

Country
 USA



03152007 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-2563674

Applied For
 Not Applicable

5. Certificate of Status Desired \$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 *J. M. Reed* DATE 4/6/07

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

DOCUMENT # P96000055643
 NAME STAR 101 DEVELOPMENT, INC.
 STREET ADDRESS 9625 WES KEARNEY WAY
 CITY-ST-ZIP RIVERVIEW, FL 33569

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5115 JOANNE KEARNEY BLVD.
 CITY-ST-ZIP TAMPA, FL 33619

DOCUMENT #
 NAME
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 CITY-ST-ZIP

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DOCUMENT #
 NAME
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 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: *J. M. Reed* DATE 4/6/07 813 435-7105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE