2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

Due By May 1, 2008 DOCUMENT # A0500000605 1. Entity Name



SECRETARY OF STATE TALLAHASSEE, FLORIDA

TIMBERLANDS OF HAMILTON, LTD.					08 APR 14 PM 1: 23			
Principal Place of Business 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619		Mailing Address PO BOX 5299 TAMPA, FL 33619						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt, #, etc.		Suite, Apt. #, etc.		01182008	Chg-LP	CR2E00	03 (12/06)	
City & State		City & State		4. FEI Number 20-25636	674		Applied For Not Applicable	
Zip	Country	Zip	p Country		5. Certificate of	Status Desired		\$8.75 Additional
	6. Name and Address of Curren	t Registered Agent		Ţ	7. Name and A	ddress of New		<u> </u>
DEED JAMES M				Name				
REED, JAMES M 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
	e named entity submits this statement fi tions of registered agent.	or the purpose of changing	its register	red office or registe	red agent, or both,	, in the State of F	lorida. I am fa	amiliar with, and accept
SIGNATURE Signature, typics or printed name of registered agent and tille if applicable DATE								
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 1					int intust be the		ANGES ONL	10.400
DOCUMENT / NAME				EET ADDRESS		-		
STREET ADDRESS CITY-ST-ZIP	5115 JOANNE KEARNEY BLVD TAMPA, FL 33619		CIT	r-S1-ZIP	5 0 0 04/14/1	0123; 0801028	2642 3008	25 **500.00
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STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP				
indicated	certify that the information supplied w fon this report is true and accurate an deiver or trustee empowered to execut	d that my signature shall ha	ave the sam	ie legal effect as if r	made under oath: :	Florida Statutes that I am a Gen	s. I further cert eral Partner of	ify that the information the limited partnership

SIGNATURE:

NOTURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/08

(813) 435-7777

Daytime Phone #