



**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # A15621			
1. Entity Name BUCK BAY, LTD.			
Principal Place of Business 2321 NW 41ST ST. SUITE A-2 GAINESVILLE FL 32606		Mailing Address 2321-A2 NW 41ST ST. GAINESVILLE FL 32606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2343555		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 SPAIN, THOMAS C. 2321 NW 41ST ST. SUITE A-2 GAINESVILLE FL 32606		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$149,954.28		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	G67162	STREET ADDRESS	
NAME	TIMPRO, INC.	CITY-ST-ZIP	
STREET ADDRESS	2321-A2 NW 41ST ST. ✓		
CITY-ST-ZIP	GAINESVILLE FL 32606		
DOCUMENT #		STREET ADDRESS	000000070383
NAME		CITY-ST-ZIP	02/28/04-80023-019 526.25
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

 **TOM SPAIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-29-04 352 376 6372

Date Daytime Phone #

STAPLE CHECK HERE