FILE ON OR BEFORE DECEMBER WILL BE SUBJECT TO REVOC	31, 1998 or limited par Ation and <u>\$500 penal</u> i	TNERSHIP Y FEE				
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
1. Name of Limited Partnership	1a. DOCUMENT # A21662		- 98 DEC 14	PM12: 14		
THE TIMBERS ASSOCIATES, LTD.						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capita	al Contributions as n on record.	
3030 HARTLEY RD. SUITE 100 JACKSONVILLE FL 32257	3030 Hartley RD. Suite 100 Jacksonville FL 32257	12/27/1985 3a. Date of Last Report		50,000.00		
			11/24/1997	5b. Amou Contri	nt of Capital butions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation		°° 350,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	te, Apt. #, etc.		•	Applied For	
City & State	City & State		59-2665896 7. Certificate of Status Desired		Not Applicable	
Zip Country	Zip	Zip Country			\$8.75 Additional Fee Required	
			8. Make check payable to: Dept. of S	itate (See reve	rse side for fee information)	
9. Name and Address of Current Re	gistered Agent	Name	10. If changed, new Registered	Agent/Office		
FARRELL, MARK T			. Box Number Is Not Acceptable)			
3030 HARTLEY RD		Suite, Apt. #, etc.				
JACKSONVILLE FL 32257		City Zip Code				
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.						
SIGNATURE (Registered Agent Accepting Appointment)DATE						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
11. Name(s) of General Partner(s)	Address of Each General (Do NOT Use Post Office Box	Partner date	City, State & Zip Code	11c.	Registration/ Document Number	
rood, John D.	3030 HARTLEY RD STE 1	JA	CKSONVILLE FL 32257			
ROOD, J. NEIL	3030 HARTLEY RD STE 1	JAI	JACKSONVILLE FL 32257			
Hazard, John E.	10033 SAWGRASS DRIVE	PO	nte vedra beach fl			
ARNALL, JOSEPH H.	830 SOUTH 3RD STREET,	JA	CKSONVILLE BEACH FL			
FIRST COAST PARTNERS,INC	3030 HARTLEY RD STE 1	JAC	CKSONVILLE FL 32257	2267	H_{1684}	
	*****5261.25 *****526.25					
 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. *12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. 						
SIGNATURE ML T. T. M. Date December 11, 1998						
Typed or Printed Name of General Partner Signing Form	Mark T. Farrel	1	Davtime Telephone Number (9	04)26	0-3030	