


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

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A21662</b> 1. Entity Name <b>THE TIMBERS ASSOCIATES, LTD.</b>	
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Principal Place of Business <b>3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257</b>	Mailing Address <b>3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257</b>
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MOORE CR2E003 (11/03)

2. Principal Place of Business  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt #, etc.
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City & State  Zip Country	City & State  Zip Country
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4. FEI Number <b>59-2665896</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>FARRELL, MARK T 3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

9. Capital Contributions as Shown on record. <b>\$1,350,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	NAME
NAME	ROOD, JOHN D.
STREET ADDRESS	3020 HARTLEY RD. SUITE 300
CITY - ST - ZIP	JACKSONVILLE FL 32257
DOCUMENT #	NAME
NAME	ROOD, J. NEIL
STREET ADDRESS	12191 MANDARIN RD.
CITY - ST - ZIP	JACKSONVILLE FL 32223
DOCUMENT #	NAME
NAME	HAZARD, JOHN E.
STREET ADDRESS	POST OFFICE BOX 1398
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32004-1398
DOCUMENT #	NAME
NAME	ARNALL, JOSEPH H.
STREET ADDRESS	814 HIGHWAY A1A NORTH, SUITE 204
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
DOCUMENT #	NAME
NAME	H41684
STREET ADDRESS	FIRST COAST PARTNERS, INC
CITY - ST - ZIP	3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	000000120634
CITY - ST - ZIP	04/20/04-80015-024 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** William L. Morgan William L. Morgan March 17, 2004 (904) 260-3030