2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21662

1. Entity Name THE TIMBERS ASSOCIATES, LTD.

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OFFICE TARY OF STATE

Principal Plac 3020 HARTLEY JACKSONVILLI		300		Mailing Address 3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257 /				TALLAHASSEE FLORIDA			
Principal Place of Business											
<u></u>							19/29		- <u></u>		
Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & Stat	te		City	City & State			4. FEI Number	59-2665896		Applied For Not Applicable	
Zip Country			Zip	Zip · Country			5. Certificate of	Status Desired [3.75 Additional e Required	
6. Name and Address of Current Registered Agent							7. Name and A	ddress of New Regis	tered Age	ent	
FARRELL, MARK T 3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257						Street Address (P.O. Box Number is Not Acceptable)					
					t	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 ————————————————————————————————————											
9. Capital Contributions \$1,350,000.00 10. Amount of Capital						ibutions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE					
as Shown on record. in FLORIDA to date. 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								ADDRESS CHANG	ES ONLY		
NAME STREET ADDRESS CITY-ST-ZIP	ROOD, JOHN D. 3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257				STREET	ADORESS					
DOCUMENT #	POOD I	MEII			STREET	ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP	ROOD, J. NEIL 12191 MANDARIN RD. JACKSONVILLE FL 32223				CITY-ST	-ZIP	90(04/29/0	001730: 3010530	50 6	9	
DOCUMENT # NAME	HAZARD,	JOHN E.			STREET	ADDRESS		, 		JEU: EU	
STREET ADDRESS CITY-ST-ZIP	DOOT OFFICE DOV 4000				CITY-ST	- ZIP	· .				
DOCUMENT # NAME		JOSEPH H.			STREET	ADDRESS				}	
STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082				CITY-ST	-ZIP					
DOCUMENT # NAME	H41684 FIRST CO	AST PARTNERS,INC			STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP	3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257				CITY-ST	- ZIP					
DOCUMENT # NAME					STREET	ADDRESS		_		. – –	
STREET ADDRESS CITY-ST-ZIP					CITY-ST	- ZIP					

14. Thereby 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:

SIAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

904-260-3030