

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 4, 2005**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A27975</b> 1. Entity Name COLUMBIA TIMBERLANDS, LTD.					
Principal Place of Business 5345 ORTEGA BOULEVARD SUITE 7 JACKSONVILLE, FL 32210			Mailing Address 5345 ORTEGA BOULEVARD SUITE 7 JACKSONVILLE, FL 32210		
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 59-2965339	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEDEKIND, LEE D JR. 5345 ORTEGA BLVD SUITE 7 JACKSONVILLE, FL 32210				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. \$2,800,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	WEDEKIND, LEE D JR.		CITY-ST-ZIP		
CITY-ST-ZIP	5345 ORTEGA BLVD., S-7 JACKSONVILLE, FL				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	LANE, JAMES T JR.		CITY-ST-ZIP		
CITY-ST-ZIP	5345 ORTEGA BLVD., S-7 JACKSONVILLE, FL				
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STREET ADDRESS			CITY-ST-ZIP		
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)(j), 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: <i>Lee D. Wedekind</i>			1-10-05 904 388 0668 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		



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