

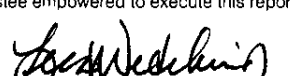


FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # A27975 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	
DO NOT WRITE IN THIS SPACE			
		04152008 No Chg-LP CR2E003 (12/06)	
		4. FEI Number 59-2965339	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		DO NOT WRITE IN THIS SPACE	
WEDEKIND, LEE D JR. 5345 ORTEGA BLVD SUITE 7 JACKSONVILLE, FL 32210			
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>		0000000302376 04/30/08-80004-006 500.00	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00			
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		DO NOT WRITE IN THIS SPACE	
DOCUMENT #			
NAME	WEDEKIND, LEE D JR.		
STREET ADDRESS	5345 ORTEGA BLVD., S-7		
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #			
NAME	LANE, JAMES T JR.		
STREET ADDRESS	5345 ORTEGA BLVD., S-7		
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  LEE D WEDEKIND JR		Date 4.15.08 Daytime Phone # 904 388 0068	