

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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|  |                                 |
|--|---------------------------------|
| 1. Name of Limited Partnership<br><b>TIMUCUAN FUND, LTD.</b> | 1a. DOCUMENT #<br><b>A30954</b> |
|--|---------------------------------|

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 2. Mailing Address<br>P.O. BOX 52898<br>JACKSONVILLE FL 32201                   |  | 2a. Principal Office Address<br>111 RIVERSIDE AVE. SUITE 140<br>JACKSONVILLE FL 32202 |  | 3. Date Form Registered<br>06/28/1996  | 5a. Capital Contributions as<br>\$100,000,000.00                                |
| Suite, Apt #, etc.  |  | Suite, Apt #, etc.  |  | 3a. Date of Report<br>09/18/1995       | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date<br>\$15,411,774    |
| City & State  |  | City & State  |  | 4. State or Country of Formation<br>FL | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip   |  | Zip   |  | 6. 59-3017180                          |   |
| Country   |  | Country   |  | 7. Certificate of Status Desired<br>XX | \$8.75 Additional<br>Fee Required   |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) |  |   |  |  |   |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br>RBN COMPANY<br>111 RIVERSIDE AVE.<br>STE. 140<br>JACKSONVILLE FL 32202 | 10. If changed, new Registered Agent/Office<br>Name<br>Timucuan Asset Management, Inc.<br>Street Address (P.O. Box Number is Not Acceptable)<br>111 Riverside Ave.<br>Suite, Apt #, etc.<br>Suite 140<br>City<br>Jacksonville<br>FL<br>Zip Code<br>32202 |
|---|--|

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)

*Diana D. Vandy*

DATE 11-18-96

**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)<br>NEWTON, RUSSELL B III | 11a. Address of Each General Partner<br>(Do NOT Use Post Office Box Numbers)<br>111 RIVERSIDE AVE., S | 11b. City, State & Zip Code<br>JACKSONVILLE FL 32202 | 11c. Registration/<br>Document Number<br>200002021842--4<br>-12/06/96--01024--020<br>****585.00 ****585.00 |
|--|---|--|--|

**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

*Russell B. Newton, III*

DATE 11-18-96

Typed or Printed Name of General Partner Signing Form Russell B. Newton, III

Daytime Telephone Number (904) 358-8695

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