


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 15, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A30354 1. Entity Name TIMUCUAN FUND, LTD. |  |
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|---|---|
| Principal Place of Business 200 W FORSYTH ST SUITE 1600 JACKSONVILLE, FL 32202 | Mailing Address P.O. BOX 52898 JACKSONVILLE, FL 32201 |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|--------------------|--------------------|
| Suite, Apt. #, etc | Suite, Apt. #, etc |
|--------------------|--------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | | |
|---|--|--|--|

| | | | |
|---|--|--|--|
| TIMUCUAN ASSET MANAGEMENT, INC. 200 W FORSYTH ST SUITE 1600 JACKSONVILLE, FL 32202 | | | |
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|--|------------------------|
|  | |
| 01132004 | Chg-LP CR2E003 (10/03) |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3017180 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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|---|--|
| 7. Name and Address of New Registered Agent | |
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| | |
|--|-------------|
| 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 |
|-----------|------|

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| 9. Capital Contributions as Shown on record \$100,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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.

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|---------------------------------|--|--------------------------|--|
| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--|--------------------------|--|

| | | | |
|------------|-----------------------|-----------------------------|------------------------|
| DOCUMENT # | NAME | STREET ADDRESS | CITY- ST- ZIP |
| | NEWTON, RUSSELL B III | 200 W FORSYTH ST SUITE 1600 | JACKSONVILLE, FL 32202 |

| | | | |
|------------|------|----------------|---------------|
| DOCUMENT # | NAME | STREET ADDRESS | CITY- ST- ZIP |
| | | | |

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|------------|------|----------------|---------------|
| DOCUMENT # | NAME | STREET ADDRESS | CITY- ST- ZIP |
| | | | |

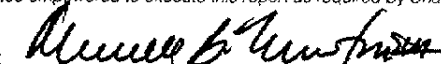
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| DOCUMENT # | NAME | STREET ADDRESS | CITY- ST- ZIP |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida 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:  | 4-7-04 (904) 356-1739 |
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STAPLE CHECK HERE