## **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

## FILED Due By May 1, 2006 Apr 27, 2006 08:00 Al Secretary of State DOCUMENT # A30354 TIMUCUAN FUND, LTD. Principal Place of Business Mailing Address 200 W FORSYTH ST P.O. BOX 52898 **SUITE 1600** JACKSONVILLE, FL 32201 JACKSONVILLE, FL 32202 01112006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3017180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TIMUCUAN ASSET MANAGEMENT, INC. DO NOT WRITE 200 W FORSYTH ST **SUITE 1600** IN THIS SPACE JACKSONVILLE, FL 32202 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. US/09/06-80098-020 500.00 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 ODCUMENT # NAME NEWTON, RUSSELL B III STREET ADORESS 200 W FORSYTH ST SUITE 1600 CITY-ST-ZIP JACKSONVILLE, FL 32202 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCHMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE **BOCHMENT #** NAME STREET ADDRESS

14. I hereby certify that the Information supplied with this filling 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

<u>(404) 384- 1735</u>