


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 14 AM 9:50  
2005

<b>DOCUMENT # A9200000246</b>			
1. Entity Name <b>THE LANDINGS AT TIMBERLEAF LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>730 BONNIE BRAE ST. WINTER PARK, FL 32789</b>		Mailing Address <b>730 BONNIE BRAE ST. WINTER PARK, FL 32789</b>	
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		7. Name and Address of New Registered Agent	
<b>CAVANAUGH, THOMAS L 730 BONNIE BRAE ST. WINTER PARK, FL 32789</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$5,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>743,993</b>	
<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 #	<b>S61353</b>	STREET ADDRESS	
NAME	<b>CASTINE DEVELOPMENT, INC.</b>	CITY-ST-ZIP	<b>600048845936</b>
STREET ADDRESS	<b>730 BONNIE BRAE ST.</b>		<b>03/22/05--01021--014 **526.25</b>
CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>CAVANAUGH, THOMAS L</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>730 BONNIE BRAE ST.</b>		
CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>POHL, ARTHUR S</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>730 BONNIE BRAE ST.</b>		
CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>ABERNATHY, ROBERT D</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>730 BONNIE BRAE ST.</b>		
CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>		
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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)(i), 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: <b>THOMAS L. CAVANAUGH</b>		Date <b>4/20/05</b> Daytime Phone # <b>628-365</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

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