


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 10, 2004 08:00 AM
Secretary of State**

DOCUMENT # A93000000001					
1. Entity Name TIMBERLANE ENTERPRISES, LTD.					
Principal Place of Business 1378 TIMBERLANE ROAD TALLAHASSEE, FL 32312			Mailing Address 1378 TIMBERLANE ROAD TALLAHASSEE, FL 32312		
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	
CUMMINGS, RONALD N 1378 TIMBERLANE ROAD TALLAHASSEE, FL 32312				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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record		\$129,918.00		10. Amount of Capital Contributions in FLORIDA to date.	
				\$ 526.25	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	CUMMINGS, RONALD N		STREET ADDRESS		
NAME	1378 TIMBERLANE ROAD		CITY ST ZIP		
STREET ADDRESS	TALLAHASSEE, FL 32312				
CITY ST ZIP					
DOCUMENT #			STREET ADDRESS	00000002770	
NAME			CITY ST ZIP	03/10/04-80010-014 526.25	
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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: <u>Ronald N Cummings</u>		2/23/04		850-8935018	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE