

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001299

1. Entity Name
TIMBER RIDGE OF IMMOKALEE, LIMITED PARTNERSHIP



Principal Place of Business
2449 SANDERS PINES CIRCLE
IMMOKALEE, FL 34142

Mailing Address
2449 SANDERS PINES CIRCLE
IMMOKALEE, FL 34142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052005

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-0453149

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

XXXXXXXXXXXXXXXXXXXX
3001 TAMMAM TRAIL NORTH
NAPLES, FL 34102
XXXXXXXXXXXXXXXXXXXX

Name

Carl J. Kuehner

Street Address (P.O. Box Number is Not Acceptable)
900 Broad Ave South, #2C

City

Naples

FL

Zip Code
34102

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

Signature, typed or printed name of registered agent and title if applicable.

Carl J. Kuehner

March 7, 2005

DATE

9. Capital Contributions
as Shown on record. \$1,442,265.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # N12626
NAME IMMOKALEE NON-PROFIT HOUSING, INC.
STREET ADDRESS 2449 SANDERS PINES CIRCLE
CITY-ST-ZIP IMMOKALEE, FL 34142

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

200054032492

CITY-ST-ZIP

05/06/05--01115--009 **\$35.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

Carl J. Kuehner

3/7/05

(239) 434-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE