


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

**FILED  
Apr 07, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A93000001458**

1. Entity Name  
**3-C RANCH LIMITED**



Principal Place of Business      Mailing Address  
**105 E. MAIN ST.  
WAUCHULA, FL 33873**      **POST OFFICE BOX 248  
WAUCHULA, FL 33873**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052004    Chg-LP    CR2E003 (10/03)

4. FEI Number      Applied For  
**65-0460281**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CREWS, J.W. JR  
106 E. MAIN ST.  
WAUCHULA, FL 33873**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature typed or printed name of registrant and date if applicable

9. Capital Contributions as Shown on record.    **\$5,767,218.76**    10. Amount of Capital Contributions in FLORIDA to date.    **5,767,218.76**

**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 #	<b>148154</b>	STREET ADDRESS	
NAME	<b>SHOREWOOD CORPORATION</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>106 E. MAIN ST.</b>		
CITY - ST - ZIP	<b>WAUCHULA, FL 33873</b>		
DOCUMENT #		STREET ADDRESS	<b>000000111581</b>
NAME		CITY - ST - ZIP	<b>04/13/04-80025-006 526.25</b>
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**       **4/4/04**      **803-773-4451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      LIST THE PHONE #