


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014749 AT

DOCUMENT # A93000001458 1. Entity Name 3-C RANCH LIMITED	
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FILED

03 APR 10 PM 1:20



Principal Place of Business 106 E. MAIN ST. WAUCHULA FL 33873	Mailing Address POST OFFICE BOX 248 WAUCHULA FL 33873
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 65-0460281	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$5,767,218.76
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10. Amount of Capital Contributions in FLORIDA to date.	5,767,218.76
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11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	148154
NAME	SHOREWOOD CORPORATION
STREET ADDRESS	106 E. MAIN ST.
CITY - ST - ZIP	WAUCHULA FL 33873
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13.	ADDRESS CHANGES ONLY
STREET ADDRESS	
CITY - ST - ZIP	700015652697
STREET ADDRESS	04/10/03--01085--018 **528.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	M THOMAS
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: *[Signature]* **DATE:** 4/8/03 **DAYTIME PHONE #:** 863-773-4151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)