


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # A95000001396 1. Entity Name THE WILLIS TIMBER LIMITED PARTNERSHIP	
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Principal Place of Business 2416 WINTHROP AVENUE TALLAHASSEE, FL 32312	Mailing Address 2416 WINTHROP AVENUE TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE



08012007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3339637	Applied For <input type="checkbox"/> Not Applicable
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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 WILLIS, BEN C JR. 2416 WINTHROP AVENUE TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE

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.

FILE NOW!!! FEE IS \$900.00 On or after September 14, 2007, Fee will be \$1000.00
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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 #	P95000072313
NAME	WILLIS TIMBER CORPORATION
STREET ADDRESS	2416 WINTHROP AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000771740
08/08/07-80007-001 900.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	8.2.07	850.385-8552
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE