FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY 11 AM 10:32

1. Name of Limited Partnership

TIMBERLANE LIMITED PARTNERSHIP
14415 PIEDRAS NE
ALBUQUERQUE, N.M. 87123

1a. DOCUMENT # A96000000347

Mailing Address	Principal Office Address
14415 PIEDRAS NE	ALBQ N.M. 87123

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Formed or Registered: 3/7/96

3a. Date of Last Report: 3/19/97

4. State or Country of Formation: FLORIDA

5a. Capital Contributions as Shown on record: $1000

5b. Amount of Capital Contributions in FLORIDA to date: $1000

6. FEI Number: 65-0649314 ☐ Applied For ☒ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information) 156.25

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
ARNOLD S. GOLDSTEIN, INC. 384 S. MILITARY TRAIL DEERFIELD BEACH, FLA 33442-3007	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) by: [signature] DATE 5-4-98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
RUSSELL PEACOCK	14415 PIEDRAS N/E	ALBUQUERQUE, N.M 87123	
ALANA - PEACOCK	14415 PIEDRAS N/E	ALBUQUERQUE, N.M 87123	

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 3/31/98

Typed or Printed Name of General Partner Signing Form: RUSSELL PEACOCK Daytime Telephone Number 505-296-2626

CR2E003 (6/97)