

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000517

1. Entity Name
NORTH PROPERTY PARTNERSHIP, LTD.



2. Principal Place of Business
**3004 53RD AVENUE EAST
BRADENTON, FL 34203**

Mailing Address
**3004 53RD AVENUE EAST
BRADENTON, FL 34203**



2. Principal Place of Business

3. Mailing Address

Street Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272005

Chg-LP

CR2E003 (10/03)

4. FCI Number

65-0826681

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REASONER, SAMUEL A
3004 53RD AVENUE EAST
BRADENTON, FL 34203**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. I, 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

DATE

9. Capital Contributions
as shown on record.

\$1,000,000.00

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

13. ADDRESS CHANGES ONLY

Entity #

L00000016269

Entity Name

TIMBER VALLEY, LLC

Entity Address

3004 53RD AVENUE EAST

Entity City

BRADENTON, FL 34203

Entity State

FL

Entity Zip

34203

Entity City

BRADENTON

Entity State

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CITY-STATE-ZIP

U00000368079
05/24/05 00002-011 528.25

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 provided 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #