2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A98000001555

1. Entity Name
TIMUCUAN ASSET MANAGEMENT LTD.

FILED Apr 27, 2006 08:00 Al Secretary of State

Principal Place of Business

200 W. FORSYTH ST., STE. 1600 JACKSONVILLE, FL 32202

Mailing Address

200 W. FORSYTH ST., STE. 1600 JACKSONVILLE, FL 32202



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0896297

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWTON, RUSSELL B III 200 W. FORSYTH ST., STE. 1600 JACKSONVILLE, FL 32202

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	Signature, typed or privited name of registered agent and the if applicable	<u>05/09/06-2009-019 500 00</u>
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00		
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 # NAME STREET ADDRESS CITY-ST-ZIP	L38604 TIMUCUAN ASSET MANAGEMENT, INC. 200 W. FORSYTH ST., STE. 1600 JACKSONVILLE, FL 32202	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		

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:

STAPLE CHECK HERE

NAME STREET ADDRESS CATY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(904) 356-1739