## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Feb 19, 2005 08:00 AM Secretary of State

DOCUMENT # B9400000219  1. Enlity Name FOLEY TIMBER AND LAND COMPANY, LIMITED PARTNERSHIP			A LANGE		Secretary of State
Principal Place of Business		Mailing Address 3400 FOLEY ROAD PERRY, FL 32348			
2. Principal P	lace of Business	3. Mailing Address	I. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			02092005 Chg-LP CR2E003 (10/03)
City & Stat	9	City & State			4. FEI Number         Applied For           59-3247100         Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			, a.		P.O. Box Number is Not Acceptable)
•	•			Слу	FL Zip Code
8. The above the obligat	named entity submits this statement fr ons of registered agent.	or the purpose of changing its	s registered i	office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, lyaed or printed name of registered agen	and the Topp Ecable			DATE
9. Capital Co as Shown o		10. Amount of Capita in FLORIDA to di		ions	
	A GENERAL PARTNER  NOTE: General Partners M.	THAT IS A BUSINESS EN	NTITY MUS	ST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE.  It must be filed to change a general partner.
12.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY
DOCUMENT # F94000003055  NAME FOLEY TIMBER COMPANY, INC.			- STRLLLA	IUORESS	
STREET ADDRESS CITY - ST - ZIP	FADDRESS 3400 FOLEY ROAD ST-ZIP PERRY, FL 32348 MENT #		cny-si-	- ZIP	000000235432 02/19/05-80003-007 526.25
DOCUMENT ≠ NAME			SPULLIA	ADDRESS,	
STRLET ADDRESS - CITY-ST-ZIP			CITY-81-	· ZIP	
DOCUMENT #	ADDRESS		SHRLLTA	ADORESS	
STREET ADDRESS CITY-ST-ZIP			CitY+S)-	- 7IP	
DOCUMENT ) NAME			SIRCETA	ADDRES\$	
STREET ADDRESS CITY-ST-ZIP DOCUMENT			CITY-S1-	- 21P	
NAME			STRLLT A	ADDRESS	
STREET ADDRESS GITY-ST-ZIP	3		CITY-ST-	- ZIP	
DOCUMENT #			\$18EÉT A	ODRESS	
CITY-ST-ZIP				- 21F	
14. I horeby a indicated the receiv	erity that the information supplied with on this report is true and accurate and er or trusteg empowered to execute the FOLEY TIME	that my signature shall have to is report as repaired by Chapi MPANY INC	the same leg ter 620, Flor	gal effect as if m rida Statutes	ection 119 07(3)(1), Florida Statutes. I further certify that the information nade under oath, that I am a General Partner of the limited partnership o
SIGNAT	URE:By:	J. R PRINTED NAME OF SIGNING GENERA		rris, Vi	ce President 850-838-2223