

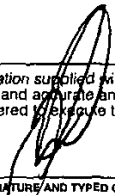


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # A0100000637						FILED MAR 01 AM 8:49	
1. Entity Name CELEBRATION WORLD RESORT MARKETING LTD.							
Principal Place of Business 7503 ATLANTIS WAY KISSIMMEE, FL 34747		Mailing Address 950 CELEBRATION BLVD, STE A CELEBRATION, FL 34747					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-LP CR2E003 (10/03)			
City & State		City & State		4. FEI Number 59-3718972		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DYMOND, WILLIAM T 1180 CELEBRATION BLVD. SUITE 105 CELEBRATION, FL 34747				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				FL		Zip Code	
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			
9. Capital Contributions as shown on record \$1,000.00				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			
DOCUMENT #	P98000037401			STREET ADDRESS	7503 ATLANTIS WAY		
NAME	CELEBRATION WORLD RESORT MARKETING, INC.			CITY-ST-ZIP	KISSIMMEE, FL 34747		
STREET ADDRESS	1180 CELEBRATION BLVD.			STREET ADDRESS			
CITY-ST-ZIP	CELEBRATION, FL 34747			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
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NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 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:				Date			
				Daytime Phone #			

STAPLE CHECK HERE