

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 15 PM 3:48

DOCUMENT # A98000001296
 1. Entity Name
 CELEBRATION WORLD RESORT, LTD.



Principal Place of Business
 1180 CELEBRATION BLVD., STE. 105
 KISSIMMEE, FL 34747

Mailing Address
 1180 CELEBRATION BLVD., STE. 105
 KISSIMMEE, FL 34747



2. Principal Place of Business
 7503 ATLANTIS WAY
 Suite, Apt. #, etc.

3. Mailing Address
 7503 ATLANTIS WAY
 Suite, Apt. #, etc.

02192004 Chg-LP CR2E003 (10/03)

City & State
 KISSIMMEE, FL

City & State
 KISSIMMEE, FL

Zip Country
 34747 USA

Zip Country
 34747 USA

4. FEI Number
 59-3512801

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYMOND, WILLIAM T JR.
 215 N. EOLA DRIVE
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$4,100,895.00

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	
DOCUMENT #	P98000036237
NAME	CELEBRATION WORLD RESORT, INC.
STREET ADDRESS	1180 CELEBRATION BLVD., STE. 105
CITY-ST-ZIP	KISSIMMEE, FL 34747
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	200035808322
CITY-ST-ZIP	05/10/04--01054--019 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: 3/15/04 Daytime Phone #: 407-997-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER