

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # A01000000637

1. Entity Name
 CELEBRATION WORLD RESORT MARKETING LTD.



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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.

City & State

City & State

Zip

Country

Zip

Country

01102005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3718972

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
 1180 CELEBRATION BLVD.
 SUITE 105
 CELEBRATION, FL 34747

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

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

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

DOCUMENT # P98000037401
 NAME CELEBRATION WORLD RESORT MARKETING, INC.
 STREET ADDRESS 1180 CELEBRATION BLVD.
 CITY-ST-ZIP CELEBRATION, FL 34747

13. ADDRESS CHANGES ONLY

STREET ADDRESS 7503 ATLANTIS WAY
 CITY-ST-ZIP KISSIMMEE, FL 34747

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 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 prepare this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE