

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 JUL -2 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06302004 Chg-LP CR2E003 (10/03)

DOCUMENT # A03000000742		
1. Entity Name 02B KIDS COLLEGE 2, LTD.		

Principal Place of Business 6680 W. NEWBERRY RD. GAINESVILLE, FL 32605	Mailing Address 6680 W. NEWBERRY RD. GAINESVILLE, FL 32605
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2. Principal Place of Business 4929 NW 43rd Street	3. Mailing Address
Suite, Apt. #, etc. Building B	Suite, Apt. #, etc.
City & State Gainesville, FL	City & State
Zip 32606	Country USA

6. Name and Address of Current Registered Agent  FOUR KIDS INVESTMENTS, INC. 6680 W. NEWBERRY RD. GAINESVILLE, FL 32605	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$150,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000081582 FOUR KIDS INVESTMENTS, INC. 6680 W. NEWBERRY RD. GAINESVILLE, FL 32605	STREET ADDRESS CITY-ST-ZIP	
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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:** Andrew P. Sherrard 6/30/04 (352) 332-5500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

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