

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000742

1. Entity Name
02B KIDS COLLEGE 2, LTD.



Principal Place of Business
4929 NW 43RD STREET, BLDG. B
GAINESVILLE, FL 32606

Mailing Address
6680 W. NEWBERRY ROAD
GAINESVILLE, FL 32605

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
02B Kids
106 NW 33rd Court, A
City & State
Gainesville, FL
Zip
32607
Country
USA



04042005 Chg-LP CR2E003 (10/03)

4. FEI Number
APPLIED FOR 200031114

Applied For
Not Applicable

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

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
Four Kids Investments, Inc.
Street Address (P.O. Box Number is Not Acceptable)
106 NW 33rd Court, Suite A
City
Gainesville, FL
Zip Code
32607

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.

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	100054343691 05/12/05--01080--011 **535.00
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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: Peter Sherrard 4/21/05 3523389660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE