

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 APR 28 PM 3: 10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA.**



03202006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-0031114 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.
106 NW 33RD CT., #A
GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent

Name Oz-B Manager Alachua, LLC
 Street Address (P.O. Box Number is Not Acceptable) 106 NW 33 Ct.
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 [Signature] Andrew Sherrard, Manager 4/11/06
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	P96000081582
NAME	FOUR KIDS INVESTMENTS, INC.
STREET ADDRESS	6600 W. NEWBERRY RD.
CITY-ST-ZIP	GAINESVILLE, FL 32605
DOCUMENT #	L0500D116561
NAME	OZB manager Alachua, LLC
STREET ADDRESS	106 NW 33 Court Ste A
CITY-ST-ZIP	Gainesville FL 32607
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	<u>See Certificate of Amendment</u>
CITY-ST-ZIP	
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CITY-ST-ZIP	

800072686028
 04/28/06--01003--005 **\$570.00

#500-AR
\$8.75-CC

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] Andrew Sherrard 4/11/06 352338 9660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE