


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

DOCUMENT # A04000000812		
1. Entity Name JAMIE P. LIMITED PARTNERSHIP		
Principal Place of Business 3270 MAHAN DRIVE TALLAHASSEE FL 32308		Mailing Address 3270 MAHAN DRIVE TALLAHASSEE FL 32308

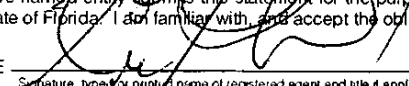
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:30



2. Principal Place of Business		3. Mailing Address		4. FEI Number 20-2667413		Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		1ST MOORE		CR2E003 (10/04)
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent ROZENCWAIG, LESLIE A ESQ. C/O ROZENCWAIG & FERRERO-CARR 301 WEST HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009		7. Name and Address of New Registered Agent Name ERROL PARTON Street Address (P.O. Box Numbers Not Acceptable) 3270 Mahan Dr. City Tallahassee FL Zip Code 32308	
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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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable		DATE 5/13/05	
9. Capital Contributions as Shown on record. \$2,200,000.00	10. Amount of Capital Contributions in FLORIDA to date. zero.		

**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 #	L04000033845	STREET ADDRESS	
NAME	CELEBRATION HOLDINGS L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	3270 MAHAN DRIVE		
CITY-ST-ZIP	TALLAHASSEE FL 32308		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 execute 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