
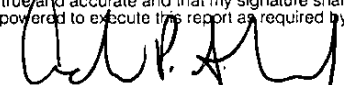


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

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

<b>DOCUMENT # A04000001276</b> 1. Entity Name <b>O2B KIDS COLLEGE 3, LTD.</b>					
Principal Place of Business <b>6680 WEST NEWBERRY ROAD GAINESVILLE, FL 32605</b>			Mailing Address <b>6680 WEST NEWBERRY ROAD GAINESVILLE, FL 32605</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>02B Kids</b> <b>106 NW 33 Court, A</b> City & State <b>Gainesville, FL</b> Zip      Country <b>32607      USA</b>		4. FEI Number <b>20 1423967</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>F &amp; L CORP.</b> <b>ONE INDEPENDENT SQUARE, STE. 1300</b> <b>JACKSONVILLE, FL 32202</b>			
7. Name and Address of New Registered Agent Name <b>Four Kids Investments, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>106 NW 33 Court, Suite A</b> City <b>Gainesville</b> FL      Zip Code <b>32607</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$150,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000081582		STREET ADDRESS		
NAME	FOUR KIDS INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	6680 WEST NEWBERRY ROAD				
CITY-ST-ZIP	GAINESVILLE, FL 32605				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
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: 			Peter Sherrard      4/21/05      352 338 9660		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date      Daytime Phone #		

STAPLE CHECK HERE

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