

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

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

DOCUMENT # A04000001277

1. Entity Name  
O2B KIDS COLLEGE 4, LTD.



Principal Place of Business  
6680 WEST NEWBERRY ROAD  
GAINESVILLE, FL 32605

Mailing Address  
6680 WEST NEWBERRY ROAD  
GAINESVILLE, FL 32605

2. Principal Place of Business

3. Mailing Address

O2B Kids

Suite, Apt. #, etc.

Suite, Apt. #, etc.

106 NW 33 Court, A

City & State

City & State

Gainesville, FL

Zip

Country

Zip

Country

32607

USA

04042005

Chg-LP

CR2E003 (10/03)

4. FEI Number

20 142 4044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F & L CORP.  
ONE INDEPENDENT SQUARE, STE. 1300  
JACKSONVILLE, FL 32202

Name

Four Kids Investments, Inc

Street Address (P.O. Box Number is Not Acceptable)

106 NW 33 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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record.

\$200,000.00

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 # P96000081582  
NAME FOUR KIDS INVESTMENTS, INC.  
STREET ADDRESS 6680 WEST NEWBERRY ROAD  
CITY-ST-ZIP GAINESVILLE, FL 32605

STREET ADDRESS

400054343744

CITY-ST-ZIP

05/12/05--01080--012 \*\*\$35.00

DOCUMENT #  
NAME  
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:

*Peter Andrew Sheppard, Jr.*

Peter Andrew Sheppard, Jr.

4/21/05

352-358-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE