

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000001277

1. Entity Name
02B KIDS COLLEGE 4, LTD.



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

Mailing Address
**02B KIDS
 106 NW 33 COURT, A
 GAINESVILLE, FL 32607**

2. Principal Place of Business
1555 NW 23rd Ave
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Gainesville, FL
 Zip
32605 Country

City & State
 Zip Country

03202006 Chg-LP CR2E003 (11/05)

4. FEI Number
20-1424044 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 33 COURT, STE A
 GAINESVILLE, FL 32607**

7. Name and Address of New Registered Agent

Name
02B 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 *Andrew Sherrard* **Andrew Sherrard, Member** **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	00000004582	STREET ADDRESS	See Certificate of Amendment
NAME	FOUR KIDS INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	6680 WEST NEWBERRY ROAD		
CITY-ST-ZIP	GAINESVILLE, FL 32605		
DOCUMENT #	L05000116561	STREET ADDRESS	000072684850 04/28/06--01003--003 **\$70.00
NAME	02B Manager Alachua, LLC	CITY-ST-ZIP	
STREET ADDRESS	106 NW 33 Ct Ste A		
CITY-ST-ZIP	Gainesville, FL 32607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

\$500-AR
\$8.75-CL

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: *Andrew Sherrard* **Andrew Sherrard** **4/11/06** **3523389660**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE