

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

DOCUMENT # A11652 1. Entity Name THE ACTIVITY CENTER, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 AM 10:22

Principal Place of Business 14021 NW US HWY 441 ALACHUA FL 32615	Mailing Address 14021 NW US HWY 441 ALACHUA FL 32615
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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[Handwritten signature]



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2154083	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHESBOROUGH, LOWELL D. 14021 NW US HWY 441 ALACHUA FL 32615

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$7,350.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	NAME	STREET ADDRESS	
NAME	CHESBOROUGH, LOWELL D	CITY-ST-ZIP	
STREET ADDRESS	14021 NW US HWY 441		
CITY-ST-ZIP	ALACHUA FL 32615		
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STREET ADDRESS			
CITY-ST-ZIP			

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02/14/05--01104--011 **158.75

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:  Lowell D. Chesborough ER	Date: 2/4/05	Daytime Phone #
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STAPLE CHECK HERE