

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A30503 1. Entity Name CHILDREN'S CASTLE OF KISSIMMEE, LTD.					
Principal Place of Business C/O FISHBACK ENTERPRISES, INC. 1431 N. CENTRAL AVE. KISSIMMEE, FL 34741			Mailing Address C/O FISHBACK ENTERPRISES, INC. 1431 N. CENTRAL AVE. KISSIMMEE, FL 34741		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3025637	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FISHBACK ENTERPRISES, INC. 1431 N. CENTRAL AVENUE KISSIMMEE, FL 34741			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. \$50.00		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 #	L94335		STREET ADDRESS		
NAME	FISHBACK ENTERPRISES, INC		CITY - ST - ZIP		
STREET ADDRESS	1431 N. CENTRAL AVENUE		STREET ADDRESS		
CITY - ST - ZIP	KISSIMMEE, FL 34741		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: _____			3/15/04 Date _____ Daytime Phone # _____		

STAPLE CHECK HERE