2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # A30503

1. Entity Name
CHILDREN'S CASTLE OF KISSIMMEE, LTD.

Principal Place of Business	Mailing Address
C/O FISHBACK ENTERPRISES, INC. 1431 N. CENTRAL AVE. KISSIMMEE, FL 34741	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

02182005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3025637 — 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
FISHBACK ENTERPRISES, INC. 1431 N. CENTRAL AVENUE KISSIMMEE, FL 34741	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 ______ Signature, typed or printed name of registered agent and title if applicable. DATE

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 # NAME STREET ADDRESS CITY-ST-ZIP	L94335 FISHBACK ENTERPRISES,INC 1431 N. CENTRAL AVENUE KISSIMMEE, FL 34741	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: Carol Marques Pres. 4/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #