

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A30503

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



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**



04082006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**FISHBACK ENTERPRISES, INC.
1431 N. CENTRAL AVENUE
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

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.

1100000535478
05/08/06 00055-000 500.00
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

DOCUMENT #
NAME **APY, BONNIE**
STREET ADDRESS **1431 N. CENTRAL AVENUE**
CITY - ST - ZIP **KISSIMMEE, FL 34741**

DOCUMENT #
NAME **HAMANN, SUSAN**
STREET ADDRESS **1431 N. CENTRAL AVENUE**
CITY - ST - ZIP **KISSIMMEE, FL 34741**

DOCUMENT #
NAME **MARQUIS, CAROL**
STREET ADDRESS **1431 N. CENTRAL AVENUE**
CITY - ST - ZIP **KISSIMMEE, FL 34741**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: Carol Marquis **CAROL MARQUIS**

4/24/06 407 846 1881
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE