


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

DOCUMENT # <b>A92000000063</b>			
1. Entity Name <b>CEDAR GROVE CREATIVE PLAY CENTER, LTD.</b>			
Principal Place of Business <b>501 SW 96TH LANE OCALA FL 34476</b>		Mailing Address <b>P.O. BOX 1588 BELLEVIEW FL 34421</b>	
2. Principal Place of Business <b>9430 S. Magnolia Ave</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Ocala FL</b>		City & State	
Zip <b>34476</b>	Country <b>U.S.</b>	Zip	Country

**FILED**  
**2005 MAY -3 PM 3: 00**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MATTHEWS, PHILIP M 501 SW 96TH LANE OCALA FL 34476</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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	
9. Capital Contributions as Shown on record. <b>\$50,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.			

**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 #	<b>S74021</b>	STREET ADDRESS	
NAME	<b>CEDAR GROVE ENTERPRISES, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>501 S.W. 96TH LANE</b>		
CITY-ST-ZIP	<b>OCALA FL 34476</b>		
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CITY-ST-ZIP			

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**05/27/05--01004--023 \*\*438.75**

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:**

*Karen E Matthews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/27/05 352-237-3330**  
Date Daytime Phone #

STAPLE CHECK HERE