
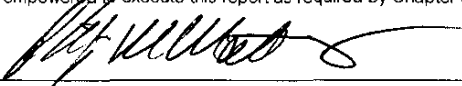



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A92000000063 1. Entity Name CEDAR GROVE CREATIVE PLAY CENTER, LTD.					
Principal Place of Business 9430 S. MAGNOLIA AVENUE OCALA FL 34476				Mailing Address P.O. BOX 1588 BELLEVIEW FL 34421	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 9430 S. Magnolia Ave Suite, Apt. #, etc.			
City & State Ocala FL		City & State Ocala FL		4. FEI Number 59-3145406	
Zip 34476		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, PHILIP M 9430 S. MAGNOLIA AVE OCALA FL 34476				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 S74021 CEDAR GROVE ENTERPRISES, INC. 9430 S. MAGNOLIA AVENUE OCALA FL 34476			STREET ADDRESS CITY - ST - ZIP <div style="text-align: center; font-size: 1.2em;"> 200103629352 05/31/07-01054-010 **500.00 </div>		
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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:  4-18-07 352-237-3330					
<div style="display: flex; justify-content: space-between;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date</small> <small>Daytime Phone #</small> </div>					

07 MAY 18 PM 2:45
STATE
FLORIDA


1st MOORE CR2E003 (10/06)

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