


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A92000000063</b>                           |  |
| 1. Entity Name<br>CEDAR GROVE CREATIVE PLAY CENTER, LTD. |   |

|  |   |
|--|---|
| Principal Place of Business<br>9430 S. MAGNOLIA AVENUE<br>OCALA FL 34476 | Mailing Address<br>9420 S. MAGNOLIA AVE<br>OCALA FL 34476 |
|--|---|



|  |        |                     |        |
|--|--------|---------------------|--------|
| 2. Principal Place of Business - No P.O. Box # |        | 3. Mailing Address  |        |
| Suite, Apt. #, etc.                            |        | Suite, Apt. #, etc. |        |
| City & State                                   |        | City & State        |        |
| Zip  | County | Zip                 | County |

|  |                               |
|--|-------------------------------|
| 1st MOORE  | CR2E003 (10/07)               |
| 4. FEI Number<br>59-3145406  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent              |  |
| MATTHEWS, PHILIP M<br>9430 S. MAGNOLIA AVE<br>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 |

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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 #                      | S74021                        | STREET ADDRESS           |                           |
| NAME                            | CEDAR GROVE ENTERPRISES, INC. | CITY- ST- ZIP            | 000000937132              |
| STREET ADDRESS                  | 9430 S. MAGNOLIA AVENUE       |                          | 05/27/08-80038-009 500.00 |
| CITY- ST- ZIP                   | OCALA FL 34476                |                          |                           |
| DOCUMENT #                      |                               | STREET ADDRESS           |                           |
| NAME                            |                               | CITY- ST- ZIP            |                           |
| STREET ADDRESS                  |                               |                          |                           |
| CITY- ST- ZIP                   |                               |                          |                           |
| DOCUMENT #                      |                               | STREET ADDRESS           |                           |
| NAME                            |                               | CITY- ST- ZIP            |                           |
| STREET ADDRESS                  |                               |                          |                           |
| CITY- ST- ZIP                   |                               |                          |                           |
| DOCUMENT #                      |                               | STREET ADDRESS           |                           |
| NAME                            |                               | CITY- ST- ZIP            |                           |
| STREET ADDRESS                  |                               |                          |                           |
| CITY- ST- ZIP                   |                               |                          |                           |
| DOCUMENT #                      |                               | STREET ADDRESS           |                           |
| NAME                            |                               | CITY- ST- ZIP            |                           |
| STREET ADDRESS                  |                               |                          |                           |
| CITY- ST- ZIP                   |                               |                          |                           |

|  |  |
|--|--|
| 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:  |  | 4/28/08 | 352-237-3330 |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER |   |         |              |

STAPLE CHECK HERE