


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:55

DOCUMENT # A94000000282 1. Entity Name CEDAR POINT INVESTMENTS, LTD.					
Principal Place of Business 7587 WILSON BLVD. JACKSONVILLE, FL 32210			Mailing Address 7587 WILSON BLVD. JACKSONVILLE, FL 32210		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04102006 Chg-LP CR2E003 (11/05)	
Zip		Country		4. FEI Number 59-3227149	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANE, KATHY B 7587 WILSON BLVD. JACKSONVILLE, FL 32210				Name KATHY BARCO JOSSIM Street Address (P.O. Box Number is Not Acceptable) 7587 WILSON BLVD JACKSONVILLE City FL Zip Code 32210	
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 <i>Kathy Barco Jossim</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 4/12/06	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000030918		STREET ADDRESS		
NAME	HARKINS FAMILY CORP.		CITY - ST - ZIP		
STREET ADDRESS	7587 WILSON BOULEVARD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32210		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY - ST - ZIP			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: <i>Kathy Barco Jossim</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE 4/12/06 (904) 772-1313	

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