2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

1. Entity Na	JMENT # A9400 ROVES, LTD.	0000553		OS M. TALLAHA	AR 22 PM 1:58 SSEE, FLORIDA	
1	ICE OF BUSINESS UNGE AVENUE FL 32801	Mailing Address P.O. BOX 4961 ORLANDO, FL 327	90-2310	<i>'</i>	•	
2. Principal	Place of Business	3. Mailing Address	11 71			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1	02032005 Chg-LP	CR2E003 (10/03)	
City & State		City & State	City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	59-3238964 5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent			7. Name and Address of Naw Registered Agent Name		
390 N. OF	RPORATE SERVICES O RANGE AVENUE, SUITE O, FL 32801			ss (P.O. Box Number is Not Acceptat	ole)	
			City		FL Zip Code	
	re named entity submits this stal ations of registered agent.	tement for the purpose of changing	g its registered office or regi	istered agent, or both, in the State of I	Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicable.	1		DATE	
12." DOCUMENT#	NOTE: General Parti GENERAL P94000020397 IVEY FAMILY HOLDING:	TNER THAT IS A BUSINESS ners MAY NOT be changed of PARTNER INFORMATION	ENTITY MUST BE REG	SISTERED AND ACTIVE WITH T nent must be filed to change a ADDRESS C	HIS OFFICE. general partner; HANGES ONLY	
STREET ADDRESS 2220 BOGGY CREEK ROA CITY-ST-ZIP KISSIMMEE, FL 34744  DOCUMENT /			C(TY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	5		STREET ADDRESS  CITY-ST-ZIP			
DOCUMENT /			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	7		CITY-ST-ZIP	4-2	- games and the second of the	
DOCUMENT #			STREET ADDRESS	<b>30004</b> 5 03/29/05010		
STREET ADORESS CITY-ST-ZIP	S		CITY-ST-ZIP			
DOCUMENT / NAME			\$TREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS					
DOCUMENT # NAME STREET ADDRESS CITY: ST-ZIP		TO ALCOHOLOGY DESCRIPTION OF THE PROPERTY OF T	CITY-ST-ZIP		TOUR STATE OF THE	
indicate	d on this report is true and acci	plied with this filing does not qualifurate and that my signature shall heccute this report as required by C	ave the same legal effect as		eral Partner of the limited partnership o	
SIGNA	TURE: となせ	Dec 2 Due	<u> </u>	3/15/05 (4	07)348-4757	