

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000530	
1. Entity Name FUN FUN ENTERPRISES, LTD.	

Principal Place of Business 1620 EMERSON STREET JACKSONVILLE, FL 32207	Mailing Address 1620 EMERSON STREET JACKSONVILLE, FL 32207
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04242004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3446608	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOSRAT, BRUCE 201 ODOM'S MILL BLVD. JACKSONVILLE, FL 32082		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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 _____

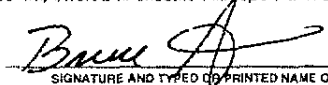
9. Capital Contributions as Shown on record \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date \$880,450.82
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P97000004981	FUN FUN ENTERTAINMENT, INC. 1620 EMERSON STREET JACKSONVILLE, FL 32207	STREET ADDRESS	000000159152 05/10/04 90010 000 526.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:  **BRUCE NOSRAT** **4/30/04** **(760) 220-0909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day Month Year