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	Mailing Address
1620 EMERSON STREET JACKSONVILLE, FL 32207	1620 EMERSON STREET JACKSONVILLE, FL 32207

04242004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3446608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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: 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
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date
$2,000,000.00	$880,450.82

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	STREET ADDRESS	
NAME	FUN FUN ENTERTAINMENT, INC.		
STREET ADDRESS	1620 EMERSON STREET	CITY ST ZIP	U00000159152 ~~05/10/04--00010--009--526.25~~
CITY ST ZIP	JACKSONVILLE, FL 32207		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 [signature] BRUCE NOSRAT 4/30/04 (760)220-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #