


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000530</b> 1. Entity Name <b>FUN FUN ENTERPRISES, LTD.</b>					
Principal Place of Business <b>1620 EMERSON STREET          JACKSONVILLE, FL 32207</b>			Mailing Address <b>1620 EMERSON STREET          JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3446608</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>NOSRAT, BRUCE          201 ODOM'S MILL BLVD.          JACKSONVILLE, FL 32082</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable.		
9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$880,450.82</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P97000004981		STREET ADDRESS		
NAME	FUN FUN ENTERTAINMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	1620 EMERSON STREET		CITY-ST-ZIP		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
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					
<b>SIGNATURE:</b> <i>Bruce A. Nosrat</i>			<b>BRUCE NOSRAT</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: <b>2/26/05</b>		
			Daytime Phone: <b>818-888-7977</b>		

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