2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

May 04, 2004 08:00 AM Secretary of State **DOCUMENT # A97000001018** CELEBRATION HOTEL, LTD. Principal Place of Business Mailing Address 7380 SAND LAKE ROAD, SUITE 120 7380 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 04282004 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 59-3446994 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zio 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 Signature, typed or printed name of registered agent and title if applicable CATE 9. Capital Contributions 10. Amount of Capital Contributions \$2,081,975.00 897 in FLORIDA to date as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P97000040655 DOCUMENT # STREET ADDRESS NAME RCK CELEBRATION, INC. STREET ADDRESS 7380 SAND LAKE ROAD, SUITE 120 U00000159520 GHY-ST-7IP CITY-ST-ZIP ORLANDO, FL 32819 05/10/04-80033-025-526. DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS GHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP

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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: / Chard C. Kessler 4/2664(407)996-998