

**2004 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2004****DOCUMENT # A98000001295**1. Entity Name  
**CELEBRATION WORLD RESORT MANAGEMENT, LTD.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 22 PM 2:37

Principal Place of Business  
**1180 CELEBRATION BLVD., STE. 105  
KISSIMMEE, FL 34747**Mailing Address  
**1180 CELEBRATION BLVD., STE. 105  
KISSIMMEE, FL 34747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004 Chg-LP CR2E003 (10/03)

City &amp; State

City &amp; State

4. FEI Number  
**59-3512802**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**DYMOND, WILLIAM T JR.  
215 N. EOLA DRIVE  
ORLANDO, FL 32801**

## 7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions  
as Shown on record.**\$24,975.00**10. Amount of Capital Contributions  
in FLORIDA to date.**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

DOCUMENT # **P98000037364**  
NAME **CELEBRATION WORLD RESORT MANAGEMENT, INC.**  
STREET ADDRESS **1180 CELEBRATION BLVD., STE. 105**  
CITY-ST-ZIP **KISSIMMEE, FL 34747**

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**800032110448****04/07/04--01054--024 \*\*263.61**DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

3/15/04

407-997-7200