

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 PM 3:48

DOCUMENT # A98000001296

1. Entity Name
CELEBRATION WORLD RESORT, LTD.



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
7503 ATLANTIS WAY
Suite, Apt. #, etc.

3. Mailing Address
7503 ATLANTIS WAY
Suite, Apt. #, etc.

02192004 Chg-LP CR2E003 (10/03)

City & State
KISSIMMEE, FL
Zip
34747
Country
USA

City & State
KISSIMMEE, FL
Zip
34747
Country
USA

4. FEI Number
59-3512801
Applied For
Not Applicable

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

9. Capital Contributions
as Shown on record. \$4,100,895.00

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 # P98000036237
NAME CELEBRATION WORLD RESORT, INC.
STREET ADDRESS 1180 CELEBRATION BLVD., STE. 105
CITY-ST-ZIP KISSIMMEE, FL 34747

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
200035808322
05/10/04--01054--019--**526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

3/15/04

407-997-7200

STAPLE CHECK HERE