2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -8 AM 8:40

DOCUMENT # B01000000450

1. Entity Name
OVATIONS FOOD SERVICES, L.P.

Principal Place of Business	Mailing Address
~~10012 N. DALE MABRY, SUITE 215~~ ~~TAMPA, FL 33618~~	~~10012 N. DALE MABRY, SUITE 215~~ ~~TAMPA, FL 33618~~

02182005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
244 CRYSTAL GROVE BOULEVARD	244 CRYSTAL GROVE BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ FL	City & State: LUTZ FL
Zip: 33548 Country:	Zip: 33548 Country:

4. FEI Number: 23-3035417 ☐ 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
WICKNER, TODD F ~~10012 N. DALE MABRY, SUITE 215~~ ~~TAMPA, FL 33618~~	Name: Street Address (P.O. Box Number is Not Acceptable): 244 CRYSTAL GROVE BOULEVARD City: LUTZ FL Zip Code: 33548

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.	$5,000.00	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		13. ADDRESS CHANGES ONLY
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P97000052178 LEISURE & RECREATION CONSULTANTS, INC. ~~10012 N. DALE MABRY, STE. 215~~ ~~TAMPA, FL 33618~~	STREET ADDRESS: 244 CRYSTAL GROVE BOULEVARD CITY-ST-ZIP: LUTZ FL 33548
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	F01000006519 OVATIONS FOOD SERVICES, INC. 3601 S. BROAD ST. PHILADELPHIA, PA 19148	STREET ADDRESS: CITY-ST-ZIP:
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS: 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: [signature] 2/22/05 215-389-9480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #