

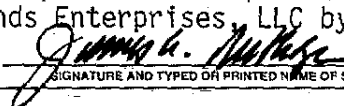


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B02000000081</b>					
<b>1. Entity Name</b> IDEAL BUSINESS PROPERTIES LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 100 SOUTH THIRD STREET COLUMBUS, OH 43215			<b>Mailing Address</b> 100 SOUTH THIRD STREET COLUMBUS, OH 43215		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt #, etc.		Suite, Apt #, etc.		04252005    Chg-LP    CR2E003 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 37-1416824	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KRINER, DEBORAH L 1201 US HIGHWAY ONE, SUITE 350A NORTH PALM BEACH, FL 33408				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and filer if applicable</small> DATE _____					
<b>9. Capital Contributions as Shown on record.</b> \$4,500,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date</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 #	M01000002068		STREET ADDRESS		
NAME	IDEAL BRANDS ENTERPRISES LLC		CITY-ST-ZIP		
STREET ADDRESS	100 SOUTH THIRD STREET		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>					
Ideal Brands Enterprises, LLC by Its Mgr. WALKINGTON, Inc. by Its President					
<b>SIGNATURE:</b> 			4-27-05    (614) 227-2300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #</small>					

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