650

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A33141

1. Entity Name
ARAMARK MANAGEMENT SERVICES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2300 WARRENVILLE ROAD DOWNERS GROVE, IL 60515	2300 WARRENVILLE ROAD DOWNERS GROVE, IL 60515

04272004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-3797749 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 $17,616,978.00

10. Amount of Capital Contributions in FLORIDA to date *100*

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 #	M02000002078	STREET ADDRESS	
NAME	ARAMARK SMMS, LLC		
STREET ADDRESS	1101 MARKET STREET	CITY-ST-ZIP	U00000160370
CITY-ST-ZIP	PHILADELPHIA, PA 19107		05/13/04-80019-008 141.25
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STAPLE CHECK HERE

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] 4/30/04 215-238-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

ALEXANDER P. MARINO, VP., TAXES OF ARAMARK
SMMS LLC - general partner of ARAMARK MANAGEMENT