2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GEN

FILED **DOCUMENT # A28826** 04 JAN 30 PM 2: 28 BELZ INVESTCO LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 100 PEABODY PL., STE. 1400 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103 MEMPHIS, TN 38103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 62-1375552 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADORESS NAME BELZ, JACK A 100 PEABODY PL., STE. 1400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEMPHIS, TN 38103 000027914570 01/30/04--01011--021 **14 E93000002017 DOCHMENT 4 STREET ADDRESS NAME URCO, INC. STREET ADDRESS 100 PEABODY PL., STE. 1400 CITY-ST-ZIP MEMPHIS, TN 38103 CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 appurate 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