2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Feb 03, 2004 08:00 AM Secretary of State **DOCUMENT # A9400000128** LAS VEGAS OUTLET WORLD, LTD. Principal Place of Business Mailing Address C/O LOTHAR ESTEIN // INTERNATIONAL STATION C/O LOTHAR ESTEIN // INTERNATIONAL STATION 5211 INTERNATIONAL DRIVE 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 ORLANDO, FL 32819 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01192004 CR2E003 (10/03) Chg-LP City & State 4. FEI Number Applied For City & State Not Applicable 59-3223434 Zip Country Zip 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 ESTEIN, LOTHAR Street Address (P.O. Box Number is Not Acceptable) 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$16,200,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # L93000000410 STREET ADDRESS WELP LAS VEGAS OUTLET, L.C. NAME STREET ADDRESS 5211 INTERNATIONAL DRIVE CITY - ST-ZIP CITY-ST-ZIP U00000070482 ORLANDO, FL 32819 DOCUMENT # UZ/28/U4-80025-010 535.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP STAPLE CHECK HERE CATY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY & ST - ZIP DOCTMENT # STREET ADDRESS NAME STREET ADORESS 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 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

Lothar Estein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

-28-0

(407) 354-3307

FILED