

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB 23 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A97000002233
UNIVERSAL CITY RESORT & SPA, LTD.	

Mailing Address 6649 WESTWOOD BLVD., STE. 130 ORLANDO FL 32821	Principal Office Address 6649 WESTWOOD BLVD., STE. 130 ORLANDO FL 32821	3. Date Formed or Registered 10/16/1997	5a. Capital Contributions as Shown on record \$7,500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/11/1997	5b. Amount of Capital Contributions in FLORIDA to date \$7,500.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3481543 APPLIED FOR
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	---

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) UNIVERSAL CITY RESORT & SPA,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6649 WESTWOOD BLVD.,	11b. City, State & Zip Code ORLANDO FL 32821	11c. Registration/ Document Number P97000089251
---	--	---	---

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Florida Statutes.

SIGNATURE

DATE 12-24-98

Richard C. Kessler, President

Universal City Resort & Spa, Inc., General Partner

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (407) 946-9999

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB 23 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A97000002233

UNIVERSAL CITY RESORT & SPA, LTD.

Mailing Address

6649 WESTWOOD BLVD., STE. 130  
ORLANDO FL 32821

Principal Office Address

6649 WESTWOOD BLVD., STE. 130  
ORLANDO FL 32821

3. Date Formed or Registered

10/16/1997

5a. Capital Contributions as  
Shown on record

\$7,500.00

3a. Date of Last Report

12/11/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$7,500.00

4. State or Country of Formation

FL

6. FEI Number

APPLIED FOR

59-3481543 Applied For  
Not Applicable

7. Certificate of Status Desired



\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

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

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

UNIVERSAL CITY RESORT & SPA,

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

6649 WESTWOOD BLVD.,

11b. City, State & Zip Code

ORLANDO FL 32821

11c. Registration/  
Document Number

P97000089251

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Florida Statutes.

SIGNATURE

DATE 12-29-98

Richard C. Kessler, President

Universal City Resort & Spa, Inc., General Partner

Typed or Printed Name of General Partner signing report

Daytime Telephone Number (904) 946-9999