LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	Sandra E Secreta	RTM:INT OF STATE 3. Mortham iny of State CORPORATIONS	1	ILED 3 AM 8:59
1. Name of Limited Partnership	1a. DOCUN A97000002	AENT # 2233	1	S AN COSTAN
JNIVERSAL CITY RESORT &	SPA, LTD.			
Mailing Address	Principal Office Address	······································	3. Date Formed or Registered	5a. Capital Contributions as
6649 WESTWOOD BLVD., STE. 130 ORLANDO FL 32621	6649 WESTWOOD BLVD., STE. ORLANDO FL 32821	130	10/16/1997 3a. Date of Last Report	Shown on record. \$7,500.00
			12/11/1997	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	\$7,500.00
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.		6. FEI Number 59	-3481543 Applied For Not Applicable
Žip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
PLANTATION FL 33324		Suite, Apt #, etc		
	and 620 192 Florida Statutes the above name	City	abjzed or registered under the laws of f	FL Zip Code
<ul> <li>10a. Pursuant to the provisions of sections 620 1051</li> <li>for the purpose of changing its registered office- agent. I am familiar with, and accept the obligati</li> <li>SIGNATURE (Registered Agent Accepting Appointment).</li> <li>A GENERAL PARTNER THAT</li> </ul>	or registered agent, or both, in the State of Fi ons of section 620.192, Florida Statutes.	City med limited partnership org orida Such change was au	thorized by its general partner(s). I here DAT	FL he State of Florida, submits this statemen by accept the appointment of registered
<ul> <li>10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment).</li> <li>A GENERAL PARTNER THAT</li> </ul>	or registered agent, or both, in the State of Fi ons of section 620.192, Fiorida Statutes.	City med limited partnership org orida Such change was au LIMITED PAR ND ACTIVE W eral Partner	thorized by its general partner(s). I here DAT	FL he State of Florida, submits this statemen by accept the appointment of registered
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10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligati SIGNATURE (Registered Agent Accepting Appointment).         A GENERAL PARTNER THAMUU         11. Name(s) of General Partner(s)	or registered agent, or both, in the State of Fk ons of section 620.192, Floride Statutes. IT IS A CORPORATION, ST BE REGISTERED A Address of Each Gen 11a. (Do NOT Use Post Office	City med limited partnership org orida Such change was au <b>LIMITED PAR</b> <b>ND ACTIVE W</b> aral Partner Box Numbers) 11b. D., 0	thorized by its general partner(s). I here TNERSHIP OR OTH ITH THIS OFFICE. City. State & Zip Code RLANDO FL 32821	FL he State of Florida, submits this statement by accept the appointment of registered E ER BUSINESS ENTIT 11c. Registration/ Document Number
10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligati SIGNATURE (Registered Agent Accepting Appointment).         A GENERAL PARTNER THAMUU         11. Name(s) of General Partner(s)	or registered agent, or both, in the State of Fk ons of section 620.192, Fkoride Statutes.	City red limited partnership org orida Such change was au <b>LIMITED PAR</b> <b>ND ACTIVE W</b> real Partner Box Numbers) 11b. D., 01	thorized by its general partner(s). I here TINERSHIP OR OTH ITH THIS OFFICE. City. State & Zip Code RLANDO FL 32821	FL         he State of Fiorida, submits this statement by accept the appointment of registered         E         ER BUSINESS ENTIT         11c.       Registration/ Document Number         P97000089251         P97000089251         P37049010020011         14       25         14       25

Sulle, Ap City as, the above-named limited par	<ul> <li>SE UNIT I, TALLAHA</li> <li>TALLAHA</li> <li>TALAHA</li> &lt;</ul>	\$7,500.00 1-3481543 Applied For Not Applicable \$8.75 Additional Fee Required 1. of State (See reverse side for fee information) Hered Agent/Office FL Zip Code of the State of Florida, submits this statement
D BLVD STE. 130 821 frice Address Country Name Street Ac Suite, Ac City as, the above-named limited part in the State of Fiorida Such chi	3. Date Formed or Registered 10/16/1997 3a. Date of Last Report 12/11/1997 4. State or Country of Formatio FL 6. FEI Number AP-PLIED FOR 7. Certificate of Status Desired 8. Make check payable to Dep 10. If changed, new Regis Address (P.O. Box Number is Not Acceptable) Apt W, etc	5a. Cepital Contributions as Stown on record.         \$7,500.00         5b. Amount of Cepital Contributions in FLORIDA to date.         \$7,500.00         77,500.00         5b. Amount of Cepital Contributions in FLORIDA to date.         \$7,500.00         77,500.00
D BLVD STE. 130 821 frice Address Country Name Street Ac Suite, Ac City as, the above-named limited part in the State of Fiorida Such chi	10/16/1997 3a. Date of Lest Report 12/11/1997 4. State or Country of Formatio FL 6. FEI Number <u>AP-PLIED FOR</u> 7. Certificate of Status Desired 8. Make check payable to Dep 10. If changed, new Regis Address (P.O. Box Number is Not Acceptable) Apt #, etc	\$7,500.00 5b. Amount of Cepital Contributions in FLORIDA to date: \$7,500.00 7-3481543 Applied For Not Applicable \$8,75 Additional Fee Required 1 of State (See reverse side for fee information) Hered Agent/Office FL Zip Code of the State of Florida, submits this statement
821 Ifrice Address Country Name Street Ac Sulle, Ap City as, the above-named limited part in the State of Fioridal Such chi	3a. Date of Lest Report 12/11/1997 4. State or Country of Formatio FL 6. FEI Number <u>AP-PULED FOR</u> 7. Certificate of Status Desired 8. Make check payable to Dep 10. If changed, new Regis Address (P.O. Box Number is Not Acceptable) Apt. #, etc	\$7,500.00 5b. Amount of Capital Contributions in FLORIDA to date: \$7,500.00 7-3481543 Applied For Not Applicable \$8,75 Additional Fee Required A of State (See reverse side for fee information Hered Agent/Office FL Zip Code of the State of Florida, submits this statement
Country Name Street Ac Sulte, Ac City as, the above-named limited par in the State of Fiorida Such chi	4. State or Country of Formatio     FL     6. FEI Number <u>AP-PLIED FOR</u> 7. Certificate of Status Desired     8. Make check payable to Dep     10. If changed, new Regis Address (P.O. Box Number is Not Acceptable) Apt #, etc	n \$7,500.00 7-3491543 Applied For Not Applicable \$8.75 Additional Fee Required t. of State (See reverse side for fee information tered Agent/Office FL Zip Code of the State of Florida, submits this statement
Country Name Street Ac Sulte, Ac City as, the above-named limited par in the State of Fiorida Such chi	FL       6. FEI Number       50         AP-PLIED FOR       7. Certificate of Status Desired         7. Certificate of Status Desired       8. Make check payable to Dep         10. If changed, new Regis         Address (P.O. Box Number is Not Acceptable)         Apt. #, etc.	\$7,500.00 1-3481543 Applied For Not Applicable \$8.75 Additional Fee Required 1. of State (See reverse side for fee information Hered Agent/Office FL Zip Code of the State of Florida, submits this statement
Name Street Ac Suite, Ac City as, the above-named limited par in the State of Fiorida Such chi	AP-PLIED FOR 7. Certificate of Status Desired 8. Make check payable to Dep 10. If changed, new Regis Address (P.O. Box Number is Not Acceptable) Apt. #, etc wartnership organized or registered under the laws of	Not Applicable      Second State (See reverse side for fee information      reed Agent/Office      EL      Zip Code      of the State of Florida, submits this statement
Name Street Ac Suite, Ac City as, the above-named limited par in the State of Fiorida Such chi	8. Make check payable to: Dep         10. If changed, new Regis         Address (P.O. Box Number is Not Acceptable)         Apt: #, etc.         vartnership organized or registered under the laws of the laws	Fee Required     Fee Required     of State (See reverse side for fee information     itered Agent/Office
Name Street Ac Suite, Ac City as, the above-named limited par in the State of Fiorida Such chi	<b>10.</b> If changed, new Regis Address (P.O. Box Number is Not Acceptable) Apt. #, etc.	1. of State (See reverse side for fee information tered Agent/Office FL Zip Code of the State of Fkorida, submits this statement
RATION, LIMITE	ED PARTNERSHIP OR OTI	ATE
ess of Each General Partner	TIVE WITH THIS OFFICE.	11c. Registration/ Document Number
<u>Use Post Office Box Numbers)</u> TWOOD BLVD.,	ORLANDO FL 32821	P97000089251
	4~ 2399 +**	1273394991 40379901002001 141.25 ****141.25
on this form; an a	amendment must be filed to	change a general partner.
he event that the information su	supplied is deemed exempt from public access. I fu	Inther certify that the information indicated on
n	nished and does not qualify fo the event that the information	' 'V on this form; an amendment must be filed to nished and does not qualify for the exemption stated in Section 119.07(3)(k). From the event that the information suppried is deemed exempt from public access I function mine legal effects as if made under cost. I further certify that I am a General Parth

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