

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # B97000000393**

1. Entity Name  
ORLANDO CONVENTION PARTNERS, L.P.



Principal Place of Business  
866 RIDGEWAY LOOP, #150  
MEMPHIS, TN 38120

Mailing Address  
866 RIDGEWAY LOOP, #150  
MEMPHIS, TN 38120

**FILED**

04 FEB -2 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number  
62-1701481

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NEFF, A. GUY  
200 SOUTH ORANGE AVE., SUITE 3000  
ORLANDO, FL 32801

**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

Signature: typed or printed name of registered agent and date if applicable

DATE

9. Capital Contributions  
as Shown on record. \$700.00

10. Amount of Capital Contributions  
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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # F97000004108  
NAME CONVENTION HOSPITALITY, INC.  
STREET ADDRESS 866 RIDGEWAY LOOP, #150  
CITY-ST-ZIP MEMPHIS, TN 38120

STREET ADDRESS

CITY-ST-ZIP

100028011981

02/02/04--01056--013 \*\*141.25

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STREET ADDRESS

CITY-ST-ZIP

**M THOMAS**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE