

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B98000000642	
1. Entity Name UNIVERSAL CITY RESTAURANT PARTNERS, LTD.	

Principal Place of Business 6000 UNIVERSAL BLVD., SUITE 407 ORLANDO, FL 32819	Mailing Address 6000 UNIVERSAL BLVD., SUITE 407 ORLANDO, FL 32819
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2. Principal Place of Business Suite, Apt. #, etc. 6000 Universal Blvd., Suite 704 City & State Zip	3. Mailing Address Suite, Apt. #, etc. 6000 Universal Blvd., Suite 704 City & State Zip	Country
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03152004	Chg-LP	CR2E003 (10/03)
4. FEI Number 95-4686324	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$8,700,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$8,700,000.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	A02000000634 UNIVERSAL CITY DEVELOPMENT PARTNERS, LTD. 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M98000001038 MARGARITAVILLE HOLDINGS, LLC 256 WORTH AVENUE, SUITES R-Q PALM BEACH, FL 33480	STREET ADDRESS CITY-ST-ZIP	600036483956 05/14/04--01061--025 **526.25
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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