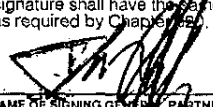


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # B98000000642 1. Entity Name UNIVERSAL CITY RESTAURANT PARTNERS, LTD.					
Principal Place of Business 6000 UNIVERSAL BLVD., SUITE 704 ORLANDO, FL 32819			Mailing Address 6000 UNIVERSAL BLVD., SUITE 704 ORLANDO, FL 32819		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 95-4686324	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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 _____ 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			
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	000000363741 05/06/05-80011-011 \$26.25	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
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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 200, Florida Statutes.					
SIGNATURE: <u>John Cohan</u>  04/27/05 (561) 659-9052 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE