

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 19, 2007 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**



01032007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-4686324**

Applied For  
Not Applicable

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

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

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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**

DOCUMENT # **A02000000634**  
NAME **UNIVERSAL CITY DEVELOPMENT PARTNERS, LTD.**  
STREET ADDRESS **1000 UNIVERSAL STUDIOS PLAZA**  
CITY-ST-ZIP **ORLANDO, FL 32819**

DOCUMENT # **M98000001038**  
NAME **MARGARITAVILLE HOLDINGS, LLC**  
STREET ADDRESS **256 WORTH AVENUE, SUITES R-Q**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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05/01/07-80023-004 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**John Cohan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE