


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

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B99000000267</b> 1. Entity Name AZO-D L.P.					
Principal Place of Business 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020			Mailing Address 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number <b>13-4069190</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record <b>\$848,194.00</b>		10. Amount of Capital Contributions in FLORIDA to date			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M99000001049		STREET ADDRESS		
NAME	AZO VALET (DE) LLC		CITY, ST, ZIP		
STREET ADDRESS	50 ROCKEFELLER PLAZA				
CITY, ST, ZIP	NEW YORK, NY 10020				
DOCUMENT #			STREET ADDRESS		
NAME			CITY, ST, ZIP		
STREET ADDRESS					
CITY, ST, ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY, ST, ZIP		
STREET ADDRESS					
CITY, ST, ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY, ST, ZIP		
STREET ADDRESS					
CITY, ST, ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY, ST, ZIP		
STREET ADDRESS					
CITY, ST, ZIP					
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <b>SIGNATURE:</b> <i>By: AZO VALET (DE) LLC</i>  <i>FRANK J. HACHADO, VICE PRESIDENT</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> </div> <div style="width: 35%; text-align: right;"> <i>4/28/04</i>  <small>Date</small>  <i>212 412 1100</i>  <small>Daytime Phone #</small> </div> </div>					



03152004 Chg-LP CR2E003 (10/03)

1100000150609  
 05/07/04-80028-022 526.25

STAPLE CHECK HERE