


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000002635</b> 1. Entity Name ORLANDO OUTLET G.P. MANAGER, INC.	
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Principal Place of Business ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DR. ORLANDO, FL 32819	Mailing Address ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DR. ORLANDO, FL 32819
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  VEGOSEN, DEAN 515 N. FLAGLER DR., 18TH FLOOR WEST PALM BEACH, FL 33401	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<p>U00000029884 02/04/04-80085-017 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ESTEIN, LOTHAR 5211 INTERNATIONAL DR. ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEGOSEN, DEAN 515 N. FLAGLER DR., 18TH FLOOR WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Lothar Estein** **1-78-04** **(407) 354-3307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #