


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000004974
 1. Entity Name
 BELZ PARTNERS ORLANDO, INC.



Principal Place of Business: 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
 Mailing Address: 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103



01092006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 62-1732231 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BELZ, JACK A 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELZ, MARTIN S 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELZ, RONALD A 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROVEMAN, ANDREW J 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, JIMMIE D 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000458337
 03/17/06-80042-004 150.00

DO NOT WRITE IN THIS SPACE

12. 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 or supplement 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:  Jimmie D. Williams 2/17/06 903-260-7244
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #