2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000004974

1. Entity Name

BELZ PARTNERS ORLANDO, INC.



FILED Feb 21, 2007 08:00 AM Secretary of State

Principal Place of Business

100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103

Mailing Address

100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103



01162007

No Chg-P

CR2E034 (11/05)

4. FE! Number 62-1732231

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

FLANTATION, FL 33324			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. (NOTE: Registered	Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	sing \$5.00 May Be Added to Fees	03/01/07-80012-017 150.00
10. OFFICERS AND DIRECTORS				
IITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BELZ, JACK A 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103	•	DO NOT WRITE IN THIS SPACE	
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-SI-ZIP	DV WILLIAMS, JIMMIE D 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103	i		
TITLE NAME STREET ADDRESS				

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

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OR

Jimmie D. Williams

2-1-07 901-767-478

Daytime Phone #