


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
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
--	--

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1732231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	

U00000824030
02/20/08-80061-020 150.00

**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 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:  **Jimmie D. Williams** 1-29-08 901-767-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *