

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A04376
 1. Entity Name
MORRIS AND AHERN, LTD.

FILED
 01 JUL 26 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2215 S. THIRD STREET, SUITE 201 2215 S. THIRD STREET, SUITE 201
 JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1431332 Not Applicable

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

6. Name and Address of Current Registered Agent
AHERN, FRED L.
2215 S. THIRD ST.
SUITE 201
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	MORRIS, HOWARD D
STREET ADDRESS	804 CHANCY LANE
CITY-ST-ZIP	WINSTON-SALEM NC 27104
DOCUMENT #	
NAME	AHERN, FRED L SR.
STREET ADDRESS	2215 S. 3RD ST., #201
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	800004509868--0 -07/31/01--01068--011
STREET ADDRESS	****158.75 ****158.75
CITY-ST-ZIP	
STREET ADDRESS	800004509868--0
CITY-ST-ZIP	-07/31/01--01068--012 ****400.00 ****400.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (11/00)

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

SIGNATURE: *Fred L Ahern* Date: 6/20/01 Daytime Phone #: 904-241-4355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER