

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 SEP 26 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # <b>A25685</b>
<b>MORGAN ENTERPRISES OF PALM BEACH COUNTY, LTD.</b>  <i>98-ARCM</i>	



2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
530 NORTHEAST 20TH STREET PARIS TX 75460	530 NORTHEAST 20TH STREET PARIS TX 75460	12/28/1987	\$1,250,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
City & State	City & State	11/12/1996	
Zip	Country	4. State or Country of Formation	
		FL	
		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		75-2208499	
		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Off.co	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	
	FL	Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MORGAN, CLAUD E.	530 NORTHEAST 20TH ST	PARIS TX	100002510081--0 -10/02/97--01081--004 ****541.25 ****541.25
MORGAN, LORRAINE	530 NORTHEAST 20TH ST	PARIS TX	

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Claud E. Morgan* DATE *9-15-97*

Typed or Printed Name of General Partner Signing Form *C.E.M. ENP.* Daytime Telephone Number \_\_\_\_\_

CR2E003 (6/97)