


2001 UNIFORM BUSINESS REPORT (UBR)

0003337 AB

DOCUMENT # A25685
 1. Entity Name
MORGAN ENTERPRISES OF PALM BEACH COUNTY, LTD.

FILED
 01 JUL 20 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 530 NORTHEAST 20TH STREET PARIS TX 75460	Mailing Address 530 NORTHEAST 20TH STREET PARIS TX 75460
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number 75-2208499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$1,250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 STREET ADDRESS CITY-ST-ZIP	MORGAN, CLAUD E. 530 NORTHEAST 20TH ST. PARIS TX
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MORGAN, LORRAINE 530 NORTHEAST 20TH ST. PARIS TX
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	600004495276--4
STREET ADDRESS	-07/25/01--01045--010
CITY-ST-ZIP	***926.25 ***926.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Claud E. Morgan* **7-16-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CFR2E003 (5/01)