

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25685

1. Entity Name

MORGAN ENTERPRISES OF PALM BEACH COUNTY, LTD.

FILED

02 JAN 10 PM 1:49

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

75-2208499

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

**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

13. ADDRESS CHANGES ONLY

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
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STREET ADDRESS	380004776329-8 -01/15/02--01070--002 ****526.25 ****526.25
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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: Claude M. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/7/02 904/785-6160
Date Daytime Phone #

CR2E003 (9/01)