

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

020417 MB

**DOCUMENT # A25685**

1. Entity Name  
**MORGAN ENTERPRISES OF PALM BEACH COUNTY, LTD.**



FILED

03 FEB -7 AM 9:24

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, 2003**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 FL. 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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>MORGAN, CLAUD E.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>530 NORTHEAST 20TH ST.</b>		
CITY-ST-ZIP	<b>PARIS TX</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>MORGAN, LORRAINE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>530 NORTHEAST 20TH ST.</b>		
CITY-ST-ZIP	<b>PARIS TX</b>		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

**500010397395**  
01/21/03--01035--007 \*\*437.50

**900011991589**  
02/07/03--01053--020 \*\*88.75

CP2E003 (10/02)

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 **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/03

Date

Daytime Phone #