FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 PM 12:40

1. Name of Limited Partnership

THE OLD MORGAN, LIMITED

1a. DOCUMENT # **A94000000916**

Mailing Address
2180 WEST FIRST STREET
FORT MYERS FL 33901

Principal Office Address
2180 WEST FIRST STREET
FORT MYERS FL 33901

2. Mailing Address
P O BOX 788
Suite, Apt. #, etc.
FORT MYERS, FL.
City & State
33902-0788 U.S.A.
Zip Country

2a. Principal Office Address
1415 QEAN STREET
Suite, Apt. #, etc.
FORT MYERS, FL.
City & State
33901 U.S.A.
Zip Country

3. Date Formed or Registered
06/30/1994

3a. Date of Last Report
05/03/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$550,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
65-0537692
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$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
DAVIES, CHRISTOPHER N ESQ.
1415 HENDRY STREET
FORT MYERS FL 33901

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of Section 620.1302 of 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 620.1302, Florida Statutes.

SIGNATURE (Required if Agent Accepted 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
THE OLD MORGAN, INC.	2180 WEST FIRST STREE	FORT MYERS FL 33901	P94000048859

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

12. I hereby certify that the information supplied with this report is voluntary but required and that, not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations, from any liability of any kind with Sec. 119.07(3)(k) to the extent that the information supplied is deemed exempt from public access. 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; 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: C.B. JACK DATE: 12-20-96

Typed or Printed Name of General Partner Signing Form: C. B. JACK Daytime Telephone Number: (941) 337-5677

CR2E003 (6/96)

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