2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000916

1. Entity Name

THE OLD MORGAN, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 AM 10:33

Principal Place of Business	Mailing Address
1415 DEAN ST. FORT MYERS FL 33901	P.O. BOX 788 FT. MYERS FL 33902-0788

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1415 DEAN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. #103
City & State	City & State FORT MYERS FL
Zip / Country	Zip 33901 / Country U.S.A.

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

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
DAVIES, CHRISTOPHER N ESQ. 12601 WORLD PLAZA LANE SUITE #2 FORT MYERS FL 33907	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$550,000.00		

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 #	P94000048859	STREET ADDRESS	1415 DEAN STREET
NAME	THE OLD MORGAN, INC.	CITY-ST-ZIP	FORT MYERS FL 33901
STREET ADDRESS	1415 DWAN STREET		
CITY-ST-ZIP	FORT MYERS FL 33901		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		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: SIGNATURE REQUIRED 4-14-00 (941) 337-5677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #