2002 UNIFORM BUSINESS REPORT (UBR)

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FILED 02 MAY -1 SECRETARY TALLAHASSEE 02 MAY -1 AM 10:54

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # A94000000916

1. Entity Name

THE OLD MORGAN, LIMITED

Principal Place of Business	Mailing Address
1415 DEAN ST. FORT MYERS FL 33901	1415 DEAN ST. FORT MYERS FL 33901

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

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

DAVIES, CHRISTOPHER N ESQ.
12601 WORLD PLAZA LANE
SUITE #2
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name CHRISTOPHER N. DAVIES

Street Address (P.O. Box Number is Not Acceptable) 2375 TAMIAMI TRAIL NORTH SUITE 308

City NAPLES FL Zip Code 34103

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 [signature] CHRISTOPHER N. DAVIES April 26, 2002

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

9. Capital Contributions as Shown on record. $550,000.00

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 #	P94000048859	STREET ADDRESS	
NAME	THE OLD MORGAN, INC.		
STREET ADDRESS	1415 DEAN STREET	CITY-ST-ZIP	
CITY-ST-ZIP	FORT MYERS FL 33901		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

CR2E003 (9/01)

STAPLE CHECK HERE

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 [signature] C.R.A. JACK 4-26-02 239-337-5677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #