2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A94000000916

1. Entity Name
THE OLD MORGAN, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 10:56

Principal Place of Business
1415 DEAN STREET
FORT MYERS, FL 33902

Mailing Address
PO BOX 60195
FT MYERS, FL 33906

03232006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
	1415 DEAN ST STE 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FORT MYERS, FL
Zip / Country	Zip: 33901 / Country

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

WAYLAND, TERRY — old
6238 PRESIDENTIAL CT STE. 1
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name: JONATHAN D. BELOFF, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 1111 LINCOLN RD STE 400
City: MIAMI BEACH FL Zip Code: 33139

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], Jonathan D. Beloff, Esq. 3-27-06
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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 #	L03000008226	STREET ADDRESS	
NAME	DEAN BUILDING GROUP, LLC		
STREET ADDRESS	1500 HARBOR BLVD, %LINCOLN HARBOR YACHT CL	CITY-ST-ZIP	
CITY-ST-ZIP	WEEHAWNKEN, NJ 07086		
DOCUMENT #		STREET ADDRESS	600074753816
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Steven Israel 3/30/06 201-319-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #