

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008598 AT

**DOCUMENT # A96000001450**  
 1. Entity Name  
**PLATT PROPERTIES, LTD.**

FILED

02 JAN 14 AM 10:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: **2090 MEADOWLANE AVENUE WEST MELBOURNE FL 32904**  
 Mailing Address: **2090 MEADOWLANE AVENUE WEST MELBOURNE FL 32904**

2. Principal Place of Business  
 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**  
 4. FEI Number **59-3401323**  
 Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MORTON, PETER**  
**2090 MEADOWLANE AVENUE**  
**WEST MELBOURNE FL 32904**

**7. Name and Address of New Registered Agent**  
 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.

9. Capital Contributions as Shown on record. **\$900.00**

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	
DOCUMENT #	
NAME	<b>MORTON, PETER J</b>
STREET ADDRESS	<b>2090 MEADOWLANE AVENUE</b>
CITY-ST-ZIP	<b>WEST MELBOURNE FL 32904</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700004778577--2</b>
CITY-ST-ZIP	<b>-01/16/02--01083--016</b> <b>****150.00 ****150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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: *Peter J. Morton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/02 321-724-9149  
 Date Daytime Phone #

CR2E003 (9/01)