


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009689 AT

DOCUMENT # A96000001450

1. Entity Name
PLATT PROPERTIES, LTD.



FILED
03 JAN 23 AM 9:38
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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

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

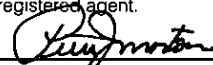
Street Address (P.O. Box Number is Not Acceptable)
010010670990

City

FL Zip Code

01/23/03--01056--011 **150.00

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  **Peter J. Morton** DATE **1/2/03**

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

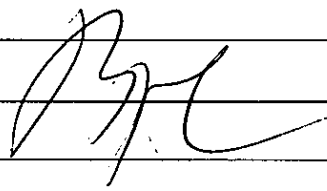
9. Capital Contributions as Shown on record. **\$900.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # | MORTON, PETER J |
| NAME | 2090 MEADOWLANE AVENUE |
| STREET ADDRESS | WEST MELBOURNE FL 32904 |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
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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** DATE **1/2/03** 321-724-9149

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

CR2E003 (10/02)