


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
May 05, 2005 08:00 AM  
Secretary of State

DOCUMENT # A96000002259					
1. Entity Name MORTON'S PLAZA, LTD.					
Principal Place of Business 1924 S. OSPREY AVE., SUITE 200 SARASOTA, FL 34239			Mailing Address P.O. BOX 1329 SARASOTA, FL 34230		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0713845	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCGINNESS, W. LEE 1800 SECOND STREET, SUITE 971 SARASOTA, FL 34236				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$8,905,698.00			10. Amount of Capital Contributions in FLORIDA to date. 9,570,698 2-28-05		
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 #	P95000073406		STREET ADDRESS		
NAME	GRIFFIN COMPANY IV, INC.		CITY-ST-ZIP	000000361797	
STREET ADDRESS	1924 S. OSPREY AVE., SUITE 200			05/05/05-80088-013 526.25	
CITY-ST-ZIP	SARASOTA, FL 34239				
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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)(f), 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: Randy Sol			Randal D. Salser 4-8-05 941-316-6827		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE