

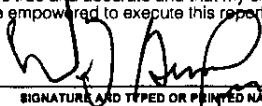


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008.

FILED
May 01, 2008 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03312008 Chg-LP CR2E003 (12/06)	
Zip Country		Zip Country		4. FEI Number 65-0713845	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCGINNESS, W. LEE 1800 SECOND STREET, SUITE 971 SARASOTA, FL 34236			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. 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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000073406 GRIFFIN COMPANY IV, INC. 1924 S. OSPREY AVE., SUITE 200 SARASOTA, FL 34239		STREET ADDRESS CITY-ST-ZIP	000000942154 05/29/08-80008-017 500.00	
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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:  William D. Griffin 4/23/2008 (941) 316-6820 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE