

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015707 AT

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

FILED

03 APR 28 AM 11:55

SECRETARY OF STATE
FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0713845

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

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

DATE

9. Capital Contributions as Shown on record. \$8,235,698.00

10. Amount of Capital Contributions in FLORIDA to date. 8,475,698

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000073406
NAME GRIFFIN COMPANY IV, INC.
STREET ADDRESS 1924 S. OSPREY AVE., SUITE 200
CITY-ST-ZIP SARASOTA FL 34239

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Randy Salsar

Date

Daytime Phone #

(941) 316-6827

CR2E003 (10/02)

STAPLE CHECK HERE