

2002 **LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # A97000002740

1. Entity Name

MORAN PROPERTIES, LTD.

02 APR 15 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6222 Masters Blvd

Suite, Apt. #, etc.

No. B-301

City & State

Orlando, FL

Zip

32819

Country

3. Mailing Address

6222 Masters Blvd

Suite, Apt. #, etc.

No. B-301

City & State

Orlando, FL

Zip

32819

Country

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

59-3485968

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Price, Pamela O.

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

301 E. Pine Street, Suite 1400

City

Orlando

FL

Zip Code

32801

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

*Donald E. Moran*

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

12 Apr 02  
DATE

9. Capital Contributions

as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 1,350,000.00

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  
STREET ADDRESS  
CITY-ST-ZIP

P97000093752  
Moran Management, Inc.  
6222 Masters Blvd, No. B-301  
Orlando, FL 32819

STREET ADDRESS

CITY-ST-ZIP

000005293730--7  
-04/18/02--01068--024  
\*\*\*\*535.00 \*\*\*\*535.00

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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

General Partner: Moran Management, Inc.

SIGNATURE:

*Donald E. Moran*

Donald E. Moran

12 Apr 02

Date

301-359-0622

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003B (12/01)

STAPLE CHECK HERE