## 2002 LIMITED PARTNERSHIP UNIFORM BUSIÆESS REPORT (UBR)

APPROVE: AND FILED

**DOCUMENT** # A9700002740

1. Entity Name

02 APR 15 AMII: 23

MORAN PROPERTIES, LTD.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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i i			. Mailing Address 62222Masters Blvd			DO NOT WRITE IN THIS SPACE			
6222 Masters Blvd Suite, Apt. #, etc.			Suite, Apt. #, etc.						(althorization)
No. B-301		,	No. B-301			DUE B	Y MAY 1	40 SUBBR	
City & State			City & State			at.		Applied	For
Orlando, FL		1 '	Orlando, Fl		59-348			Not App	
<sup>Zip</sup> 32819	Country	<sup>Zip</sup> <b>32</b> 819	Col	untry	5. Certificate	of Status Desired		\$8.75 Additiona Fee Required	11
	A STATE OF THE STA		and the state of t		7. Name and A	ddress of Current I	Registered	Agent	
				Price, Pamela O.					
	DO NOT	WRITE		Street Address (P.O. Box Number is Not Acceptable)					
	in the contract of the following contract the contract of the	Իլիս Միջին բայն գոլի հայունն հ		301 E. Pine Street, Suite 1400					
	INTHIS	PACE				•			
				City O	rlando		FL	Zip 62801	
R The above	named entity submits this stateme	nt for the ourpose of	changing its registe			h in the State of Ele		1 32001	
o. The above	Trained entity submits this stateme	nicion the purpose of	crianging its registi	area office of 1	egistered agent, or bot	n, in the State of Fig	rida.		
SIGNATURE .	Signature, typed or printed name of registered a	agent and title if applicable.						Apr 0	2
9. Capital Co as Shown		.00 10. Amo	ount of Capital Cont LORIDA to date, $oldsymbol{1}$	11: MAKE CHECK!PAYABLE TO! DEPTX OF STATE					
	A GENERAL PARTNE	R THAT IS A BUS	SINESS ENTITY	MUST BE R	EGISTERED AND A	CTIVE WITH THI	S OFFICE		
40	NOTE: General Partners			m; an amen	dment must be file	d to change a ge	neral part	tner.	
DOCUMENT#	12. GENERAL PARTNER INFORMATION								######################################
NAME	137000033732			REET ADDRESS		noons:			, S
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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

General	Partner:	Moran	Management,	Inc.
			-	

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

Donald E. Moran

12 Apr 02

301-359-0612

Daytime Phone #