

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR 22 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

**DOCUMENT # A98000000867**



1. Entity Name  
**MOJAM, LTD.**

Principal Place of Business  
**C/O MICHAEL MORTON  
15340 JOG ROAD, SUITE 200  
DELRAY BEACH FL 33446**

Mailing Address  
**C/O MICHAEL MORTON  
15340 JOG ROAD, SUITE 200  
DELRAY BEACH FL 33446**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0945796**

Applied For  
Not Applicable

DUE BY MAY 1, 2003

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

**MORTON, MICHAEL  
C/O MORTON GROUP, INC.  
15340 JOG ROAD, SUITE 200  
DELRAY BEACH FL 33446**

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

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P93000020897**  
NAME **MORTON GROUP, INC.**  
STREET ADDRESS **15340 JOG ROAD, SUITE 200**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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)(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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/03

Date Daytime Phone #

CR2E003 (10/02)