

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001239 AV

DOCUMENT # A98000002464



FILED
03 MAR 31 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
MORZI INVESTMENT, LTD.

Principal Place of Business
**1649 NE 194 ST., AKA PRESIDENTIAL WAY
N. MIAMI BEACH FL 33179**

Mailing Address
**1401 BRICKELL AVE., STE. 1100
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number **65-0882520**

Applied For

Not Applicable

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

**HOLLINGSWORTH, SCOTT D
1649 NE 194 ST., AKA PRESIDENTIAL WAY
NORTH MIAMI BEACH FL 33179**

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. **\$1,000,000.00**

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 #	P98000092020
NAME	MORZI INVESTMENT, INC.
STREET ADDRESS	1649 NE 194 ST., AKA PRESIDENTIAL WAY
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
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CR2E003 (10/02)

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: *Scott Hollingsworth* **March 12, 2003** 305 373 2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #