

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000001628	
1. Entity Name MOR-SU INVESTMENTS, LTD.	



Principal Place of Business 1655 DREXEL AVENUE, SUITE 207 MIAMI BEACH, FL 33139	Mailing Address 1655 DREXEL AVENUE, SUITE 207 MIAMI BEACH, FL 33139
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04222004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0952587	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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RAPPORT, MORRIS 1655 DREXEL AVENUE, SUITE 207 MIAMI BEACH, FL 33139
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7. Name and Address of New Registered Agent
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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
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9. Capital Contributions as Shown on record \$1,547,990.00	10. Amount of Capital Contributions in FLORIDA to date
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**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 #	P99000086538	STREET ADDRESS	
NAME	MOR-SU INVESTMENTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	1655 DREXEL AVENUE, SUITE 207		
CITY - ST - ZIP	MIAMI BEACH, FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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CITY - ST - ZIP			

U000000159687  
05/10/04-80041-014 535.00

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: <i>Morris Rapport</i>	4/29/04	305 622-7735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE