

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001712 AT

DOCUMENT # B00000000285

1. Entity Name  
MOROCH PARTNERS, L.P.



FILED

03 SEP 29 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3625 NORTH HALL STREET  
SUITE 1100  
DALLAS TX 75219

Mailing Address  
3625 NORTH HALL STREET  
#1100  
DALLAS TX 75219

2. Principal Place of Business  
DALLAS, TX 3625 N. HALL ST.

3. Mailing Address  
3625 NORTH HALL

Suite, Apt. #, etc.  
1100

Suite, Apt. #, etc.  
1100

DUE BY SEPTEMBER 24, 2003

City & State  
DALLAS, TX

City & State  
DALLAS TX

4. FEI Number 75-2861048

Applied For  
Not Applicable

Zip Country  
75219 USA

Zip Country  
75219 USA

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. -0-

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 # F00000003764  
NAME MOROCH & ASSOCIATES, INC.  
STREET ADDRESS 3625 NORTH HALL STREET #1100  
CITY-ST-ZIP DALLAS TX 75219

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F00000005301  
NAME LEO BURNETTE USA, INC.  
STREET ADDRESS 35 WEST WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL 60601

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS

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:

M. S. STEWART 9/19/03 (214) 520-5629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)