## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBB

DOCUMENT # L02000030413

1. Entity Name

MORTON-REAL ESTATE HOLDINGS, LLC 203, LLC

Principal Place of Business

Mailing Address

## **FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90047 031 \*\*\*\*55.00

129 THIRD STREET KENNER LA 70062 US			129 THIRD STREET KENNER LA 70062 US	KENNER LA 70062 US			118					
2. Principal Place of Business 3. Mailing Address 770 Gulf Strongs D8							1111					
Suite, Apt. #, etc.				Suite, Apt. #, #W			☐ CHECK HERE IF MAKING CHANGES					
City & State DESTIL Florida			City & State	City & State			4. FELNU	<sup>nber</sup> 37	2801	₽		Applied For
3254	32541 Country		Zip	Country		ſ		ate of Statu		200	5.00 A	Not Applicable dditional
		e and Address of Curre	ent Registered Agent				7. Name and Address of New Registered Agent					
FLEET, H. BART 1201 EGLIN PKWY SHALIMAR FL 32579					Name Street Addr		P.O. Box Number is Not Acceptable)					
311	ALIMAN FL	323/8		ļ	///	04	E6	614	PARK	ev	ky	
8. The above	named entit		City					FI	Zo Co			
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.  (NOTE: Registered Agent signature required when rejectation)												
u <b>l</b>		age and age	FILE NO Make Check Payab	OW!!! F	EE IS \$50. rida Depar y 1, 2003	.00				DATE		
9.	140514	BERS/MANAGERS	10.	<del></del> -			A	DDITIONS/CH	ANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	129 THIR	, Walter S Street La 70062	☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					, [	_ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		* ************************************		_ •		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-zip						] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP			,			] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	-ZIP						Change	☐ Addition
<ol> <li>I hereby ce indicated or limited liabi.</li> </ol>	rtify that the n this report lity company	information supplied wit is true and accurate and or the receiver or true	h this filing does not qualify for the that my signature shall have the earth out ared to execute this re		etion stated in gal effect as Qured by Ch				Statutes. I furth a managing n	er certify nember or	that the in manager	of the

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE