
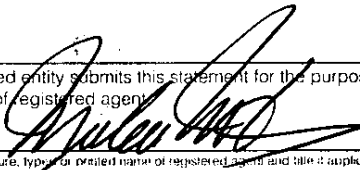


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90019 023 ****50.00

DOCUMENT # L04000067822			
1. Entity Name MORTON REALTY INVESTMENTS, LLC			
Principal Place of Business C/O MORTON GROUP, INC. 15340 JOG ROAD, SUITE 200 DELRAY FL 33446		Mailing Address C/O MORTON GROUP, INC. 15340 JOG ROAD, SUITE 200 DELRAY FL 33446	
2. Principal Place of Business 5350 W Atlantic Ave Suite, Apt. #, etc. 102 City & State Delray Beach FL Zip 33484 Country USA		3. Mailing Address Same as #2 Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent MORTON, MICHAEL 15340 JOG ROAD, SUITE 200 DELRAY FL 33446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5350-W Atlantic Ave #102 City Delray Beach FL Zip Code 33484	
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 4-11-06 (NOTE: Registered Agent signature required when reinstating)			
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORTON, MICHAEL 15340 JOG ROAD DELRAY FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5350-W Atlantic Ave #102 Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Michael Morton

4/11/06

561 865-9222