

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90419 004 ****50.00

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01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2479644
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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 - No P.O. Box #
5350-W. ATLANTIC AVE #102
Suite, Apt. #, etc. #102

3. Mailing Address
5350-W. ATLANTIC AVE #102
Suite, Apt. #, etc. #102

City & State
DeLray Beach FL
Zip 33484 Country USA

City & State
DeLray Beach FL
Zip 33484 Country USA

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 Michael Morton
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 *[Signature]* DATE 5/10/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	Secretary/treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, MICHAEL		NAME	Tobey Morton	
STREET ADDRESS	5350 W ATLANTIC AVE #102		STREET ADDRESS	5350-W. ATLANTIC AVE #102	
CITY-ST-ZIP	DELRAY, FL 33446		CITY-ST-ZIP	DeLray Beach, FL 33484	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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]* DATE 4/20/07 DAYTIME PHONE 561-861-9222