

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**


FILED

04 AUG -5 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B03000000132**

1. Entity Name  
MAGNOLIA STAR PARKLAND LP



Principal Place of Business: 128 THEODORE PLACE, THORNHILL, ONTARIO, CANADA L4J 8E3


Mailing Address: 128 THEODORE PLACE, THORNHILL, ONTARIO, CANADA L4J 8E3

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



07302004 Chg-LP CR2E003 (10/03)

4. FEI Number: 98-0395614

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP.  
1801 N. MILITARY TRAIL, SUITE 200  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

9. Capital Contributions as Shown on record: \$3,300,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	M03000001136	STREET ADDRESS	
NAME	GALLIFREY PARKLAND LLC	CITY-ST-ZIP	
STREET ADDRESS	128 THEODORE PLACE		
CITY-ST-ZIP	THORNHILL, ONTARIO, CANADA,		
DOCUMENT #		STREET ADDRESS	800040651918
NAME		CITY-ST-ZIP	08/31/04 01004 024 **376.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

*Michael Mannon*

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: Michael Mannon AUG 3, 2004 905-709-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

7 STAPLE CHECK HERE