

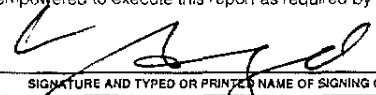


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001055</b> 1. Entity Name <b>MAG PARTNERS, LTD.</b>					
Principal Place of Business <b>2300 GLADES ROAD, SUITE 100E</b> <b>BOCA RATON, FL 33431</b>			Mailing Address <b>2300 GLADES ROAD, SUITE 100E</b> <b>BOCA RATON, FL 33431</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
02172004 Chg-LP CR2E003 (10/03)				4. FEI Number <b>65-1021109</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MAG EQUITY, INC.</b> <b>2300 GLADES ROAD, SUITE 100E</b> <b>BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name <del>MAG PARTNERS, LTD.</del> Street Address (P.O. Box Number is Not Acceptable) <del>2300 Glades Road, Suite 100E</del> City <del>Boca Raton</del> <b>FL</b> Zip Code <del>33431</del>		
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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$7,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000063967		STREET ADDRESS		
NAME	MAG EQUITY, INC.		CITY ST ZIP		
STREET ADDRESS	2300 GLADES ROAD, SUITE 100E		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33431		CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
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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.					
<b>SIGNATURE:</b> 			<b>William R. Greenfield</b> 3/15/04 561-392-6662		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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