

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 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 _____		
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 _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P00000063967		STREET ADDRESS		
NAME	MAG EQUITY, INC.		CITY-ST-ZIP		
STREET ADDRESS	2300 GLADES ROAD, SUITE 100E				
CITY-ST-ZIP	BOCA RATON, FL 33431				
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			William R. Greenfield <i>2/28/05</i> 561-392-6662 <small>Date Daytime Phone #</small>		



01242005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1021109** Applied For ☐ Not Applicable

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

STAPLE CHECK HERE