


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

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A00000001623		
1. Entity Name THE JOHN MUGARIAN FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 4460 LA JOLLA PENSACOLA, FL 32504	Mailing Address 4460 LA JOLLA PENSACOLA, FL 32504
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04142004 Chg-LP CR2E003 (10/03)

4. FEI Number  
74-2976545

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent	
LEUCHTMAN, GARY B 3 WEST GARDEN STREET, SUITE 700 BLOUNT BUILDING PENSACOLA, FL 32501	

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record. \$7,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

7,000.00

**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	
DOCUMENT #	L00000013193
NAME	MUGARIAN INVESTMENT GROUP, LLC
STREET ADDRESS	4460 LA JOLLA
CITY - ST - ZIP	PENSACOLA, FL 32504

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
CITY - ST - ZIP	

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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

SIGNATURE:

*John M. Mugarian* John M. Mugarian

4-16-04

850-484-7577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE