

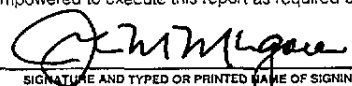


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001623</b> 1. Entity Name <b>THE JOHN MUGARIAN FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>4460 LA JOLLA          PENSACOLA, FL 32504</b>			Mailing Address <b>4460 LA JOLLA          PENSACOLA, FL 32504</b>		
2. Principal Place of Business		3. Mailing Address		  04132005    Chg-LP    CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>74-2976545</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>LEUCHTMAN, GARY B          3 WEST GARDEN STREET, SUITE 700          BLOUNT BUILDING          PENSACOLA, FL 32501</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>\$7,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>7,000.00</b>			
<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 #	L00000013193		STREET ADDRESS		
NAME	MUGARIAN INVESTMENT GROUP, LLC		CITY-ST-ZIP		
STREET ADDRESS	4460 LA JOLLA		CITY-ST-ZIP		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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CITY-ST-ZIP			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>  <b>John M. Mugarian</b>			<b>5-5-05 850-484-2472</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date                      Daytime Phone #</small>		

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