

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

**DOCUMENT # A02000001348**

1. Entity Name  
**LIBERTY MAGUIRE, LLLP**



**FILED**  
**04 APR 29 AM 9:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**310 WEST CENTRAL PKWY., STE. 7000**      **310 WEST CENTRAL PKWY., STE. 7000**  
**ALTAMONTE SPRINGS, FL 32714**      **ALTAMONTE SPRINGS, FL 32714**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01152004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**43-1981538**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MIKKELSON, WM. MICHAEL**  
**310 WEST CENTRAL PKWY., STE. 7000**  
**ALTAMONTE SPRINGS, FL 32714**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date.      **10,311.15**

**160.92**

**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 #	<b>MIKKELSON, WM. MICHAEL</b> <b>310 WEST CENTRAL PKWY., STE. 7000</b> <b>ALTAMONTE SPRINGS, FL 32714</b>
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>8000934656578</b> <b>04/29/04--01031--020 **160.92</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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:** *Wm Michael Mickelson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date      Daytime Phone #

**407-774-8818**

STAPLE CHECK HERE