

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

BAJN

000737 AT

DOCUMENT # A02000001348



1. Entity Name
LIBERTY MAGUIRE, LLLP

FILED
03 MAY -6 PM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Mailing Address
310 WEST CENTRAL PKWY., STE. 7000
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

43-1981538

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

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

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)(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 MIKKELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/03

Date

407-774-8818

Daytime Phone #

CR2E003 (10/02)