
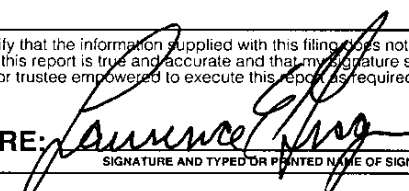


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 MAY 24 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|------------------------------------|---|---|---|--|
| DOCUMENT # A03000000655 | | | |  | |
| 1. Entity Name MAGELLAN GROUP LLLP | | | | | |
| Principal Place of Business 701 PARK OF COMMERCE BLVD STE. 100 BOCA RATON, FL 33487 | | | Mailing Address 701 PARK OF COMMERCE BLVD STE. 100 BOCA RATON, FL 33487 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 01142005 Chg-LP CR2E003 (10/03) | |
| 4. FEI Number 54-2109379 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> A | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| VAUGHAN, AMANDA J 701 PARK OF COMMERCE BLVD STE. 100 BOCA RATON, FL 33487 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$292,500.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | filing fee \$437.50 | |
| 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 | | STREET ADDRESS | | |
| NAME | MAGELLAN GROUP LLC | | CITY-ST-ZIP | 100055656591 | |
| STREET ADDRESS | 701 PARK OF COMMERCE BLVD STE. 100 | | | 06/02/05--01030--008 **150.00 | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | 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:  | | | LARRY GROSAN, F 4-12-05 (561) 998 4744 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | MAGELLAN GROUP LLC | | |

STAPLE CHECK HERE