


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

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000001474</b>					
1. Entity Name <b>MAG LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>9433 BEARFOOT TRAIL WEEKI WACHEE, FL 34613</b>			Mailing Address <b>9433 BEARFOOT TRAIL WEEKI WACHEE, FL 34613</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent <b>JOHNSTON, DARRYL W 29 SOUTH BROOKSVILLE AVENUE BROOKSVILLE, FL 34601</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>\$700,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>700,000</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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P03000107072		STREET ADDRESS		
NAME	PEG, INC.		CITY-ST-ZIP		
STREET ADDRESS	9433 BEARFOOT TRAIL				
CITY-ST-ZIP	WEEKI WACHEE, FL 34613				
DOCUMENT #			STREET ADDRESS		
NAME			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 19.07(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: <i>Mayauek Haygaurm</i>			Date: <i>4/28/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		



04192005 Chg-LP CR2E003 (10/03)

4. FEI Number **61-1459750** Applied For  
Not Applicable

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

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05/11/05-20003-018 526.25

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