


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A12815 1. Entity Name MAGNOLIA EQUITY TRUST, LTD.	
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Principal Place of Business P.O. BOX 2491 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32115	Mailing Address P.O. BOX 2491 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32115
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03292005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2209714	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$97,687.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # H22621	NAME PALMETTO OPERATIONS, INC	STREET ADDRESS	
STREET ADDRESS 150 MAGNOLIA AVENUE		CITY-ST-ZIP	
CITY-ST-ZIP DAYTONA BCH., FL			
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04/26/05-80003-019 526.25

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

SIGNATURE: <u>Jonathan D. Kaney Jr.</u>	Date: <u>4-11-05</u>	Daytime Phone #: <u>386-255-8171</u>
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