


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A13030 1. Entity Name 815 NORTH MAGNOLIA, LTD.					
Principal Place of Business 815 NORTH MAGNOLIA AVE. ORLANDO FL 32803			Mailing Address 815 NORTH MAGNOLIA AVE. ORLANDO FL 32803		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KREUTER, WILLIAM E. 3117 EDGEWATER DRIVE ORLANDO FL 32804				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
9. Capital Contributions as Shown on record.		\$6,000.00		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 STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP	
SUNSHINE, HERBERT 732 ENSENADA DR. ORLANDO FL					
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP	
FRAZIER, WILLIAM E. 1305 BELMONT DR. ORLANDO FL					
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME 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 19.07(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:				5/1/04 407 425 3401	



MOORE CR2E003 (11/03)

STAPLE CHECK HERE