


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # A13030 1. Entity Name 815 NORTH MAGNOLIA, LTD.		
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Principal Place of Business 815 NORTH MAGNOLIA AVE. ORLANDO, FL 32803	Mailing Address 815 NORTH MAGNOLIA AVE. ORLANDO, FL 32803
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01032005 Chg-LP CR2E003 (10/03)

4. FEI Number NOT APPLICABLE	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		7. Name and Address of New Registered Agent	
KREUTER, WILLIAM E. 3117 EDGEWATER DRIVE ORLANDO, FL 32804		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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$6,000.00	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 #	SUNSHINE, HERBERT 732 ENSENADA DR. ORLANDO, FL	STREET ADDRESS	000000177860 01/12/05-80004-005 141.25
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	FRAZIER, WILLIAM E. 1305 BELMONT DR. ORLANDO, FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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)(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: William E Frazier W E Frazier 1/4/05 4074253401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE