

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

535.

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 26 PM 3:59

#117



1. Name of Limited Partnership

1a. DOCUMENT #  
**A29854**

THE FIRST GERALD M. MAGNUSON FAMILY LIMITED PARTNERSHIP

2. Mailing Address P.O. BOX 1149 TARPON SPRINGS FL 34688		2a. Principal Office Address P.O. BOX 1149 TARPON SPRINGS FL 34688		3. Date Formed or Registered <b>03/19/1990</b>	5a. Capital Contributions as Shown on record <b>\$10,000,000.00</b>
3. Date Formed or Registered		3a. Date of Last Report <b>01/02/1997</b>		5b. Amount of Capital Contributions in FLORIDA to date: <b>1,451,360.00</b>	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>59-3006125</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent <b>MAGNUSON, GERALD M</b> <del>60410 US HWY. 18 N.</del> <b>1200 S. PINELLAS AVE.</b> <del>PALM HARBOR FL 34684</del> <b>SUITE 9</b> <b>TARPON SPRINGS, FL</b> <b>34689</b>	10. If changed, new Registered Agent/Office Name <b>600002396086-1</b> Street Address (P.O. Box Number is Not Accepted) <b>01/09/98-01102-016</b> Suite, Apt. #, etc. <b>***2028.95 ***535.00</b> City <b>FL</b> Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MAGNUSON, GERALD M	<del>60410 US HWY. 18 N.</del> 1200 S. PINELLAS AVE. SUITE 9	<del>PALM HARBOR FL 34684</del> TARPON SPRINGS, FL 34689	<b>42250-LP</b> <b>103.75 - Adm</b> <b>8.75 - Out</b>

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Gerald M. Magnuson* DATE **12-22-97**

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

C92E003 (6/97)