

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018029 AT

DOCUMENT # **A29854**

1. Entity Name
**THE FIRST GERALD M. MAGNUSON FAMILY LIMITED PART
NERSHIP**

02 APR 12 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 1149, TARPON SPRINGS FL 34688
Mailing Address: P.O. BOX 1149, TARPON SPRINGS FL 34688



2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **59-3006125**
Applied For: Not Applicable

Zip | Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGNUSON, GERALD M
1200 S. PINELLAS AVE, SUITE 9
TARPON SPRINGS FL 34689**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: **\$10,000,000.00**
10. Amount of Capital Contributions in FLORIDA to date: **\$ 1,451,360.00**
11. **MAKE CHECK PAYABLE TO 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 #	MAGNUSON, GERALD M 1200 S. PINELLAS AVE, SUITE 9 TARPON SPRINGS FL 34689	STREET ADDRESS	880005289668--7 -04/17/02--01052--007 ****526.25 ****526.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

Gerald M. Magnuson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-9-02

Date Daytime Phone #

CR2E003 (9/01)