


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # A29854

1. Entity Name
THE FIRST GERALD M. MAGNUSON FAMILY LIMITED PARTNERSHIP



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
 Suite, Apt # etc.


3. Mailing Address
 Suite, Apt # etc.

City & State

City & State

Zip Country

Zip Country



04152004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3006125

Applic For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 **\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date **1,451,360.00**

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 #		STREET ADDRESS	
NAME	MAGNUSON, GERALD M	CITY-ST-ZIP	
STREET ADDRESS	1200 S. PINELLAS AVE, SUITE 9		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		
DOCUMENT #		STREET ADDRESS	000000136307
NAME		CITY-ST-ZIP	04/23/04-80009-007 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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* **Gerald M. Magnuson** 4-19-04 727 937 8358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #