


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016318 AT

DOCUMENT # A29854

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



FILED

03 MAY 23 AM 8:00

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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3006125	Applied 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	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	MAGNUSON, GERALD M	STREET ADDRESS	600019837606
NAME	1200 S. PINELLAS AVE, SUITE 9	CITY - ST - ZIP	
STREET ADDRESS	TARPON SPRINGS FL 34689		05/23/03--01033--004 **1890.00
CITY - ST - ZIP			
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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 119.07(3)(l), 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* **4-24-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4-24-03** Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)