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

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A29855

1. Entity Name
THE SECOND 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

04152004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-3006130
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 211,672.00

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		U00000136339
STREET ADDRESS	P.O. BOX 1149	CITY-ST-ZIP	04/29/04-80009-019 526.25
CITY-ST-ZIP	TARPON SPRINGS, FL 34688		
DOCUMENT #		STREET ADDRESS	
NAME	MAGNUSON, STEWART S		
STREET ADDRESS	3005 KISHWAUKEE STREET	CITY-ST-ZIP	
CITY-ST-ZIP	ROCKFORD, IL 61109		
DOCUMENT #		STREET ADDRESS	
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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)(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 Gerald M. Magnuson 4/19/04 727-937-8358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #