

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014476 AF

DOCUMENT # **A29856**

1. Entity Name

THE THIRD GERALD M. MAGNUSON FAMILY LIMITED PART

01 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 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 |

| | |
|------------------------------------|--|
| 4. FEI Number 59-3006131 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|
| 6. Name and Address of Current Registered Agent MAGNUSON, GERALD M 1200 S. PINELLAS AVE, SUITE 9 TARPON SPRINGS FL 34689 |
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| | |
|--|----------|
| 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|---|--|
| 9. Capital Contributions as Shown on record. \$9,750.00 | 10. Amount of Capital Contributions in FLORIDA to date. 9,750.00 | 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 | |
|---------------------------------|--------------------------------------|
| DOCUMENT # | |
| NAME | MAGNUSON, GERALD M |
| STREET ADDRESS | 1200 S. PINELLAS AVE, SUITE 9 |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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\$157.00

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

425-01

Date

Daytime Phone #

CR2E003 (11/00)