

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 21 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04152004 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # A29856</b> 1. Entity Name <b>THE THIRD GERALD M. MAGNUSON FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>P.O. BOX 1149          TARPON SPRINGS, FL 34688</b>			Mailing Address <b>P.O. BOX 1149          TARPON SPRINGS, FL 34688</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MAGNUSON, GERALD M          1200 S. PINELLAS AVE, SUITE 9          TARPON SPRINGS, FL 34689</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$9,750.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>9,750.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>MAGNUSON, GERALD M          1200 S. PINELLAS AVE, SUITE 9          TARPON SPRINGS, FL 34689</b>		STREET ADDRESS  CITY-ST-ZIP	STREET ADDRESS  CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP	STREET ADDRESS  CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP	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)(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 <b>GERALD M. MAGNUSON</b> <i>Gerald M. Magnuson</i>			Date <b>4-19-04</b> 727-9378358		

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