A29856

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ENTITY NAME:

THE TIRD GERALD M. MAGNUSON FAMILY LIMITED PARTNERSHIP

CK# 5726 FOR $87.50 ($35.00 for this filing)

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Third Gerald M. Magnuson Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stewart S. Magnuson
Contact Person

Magnuson Industries, Incorporated
Firm/Company

3005 Kishwaukee Street
Address

Rockford, IL 61004
City, State and Zip Code

s.magnuson@posi-pour.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tia Baugher at (888) 927-7570
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. The Third Gerald M. Magnuson Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. March 19, 1990
Date of filing/registration in Florida

3. A29858
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Magnuson, Gerald M.
Name

1200 S. Pinellas Ave. Suite 9
Address

Tarpon Springs, FL 34689
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.
Name

515 E. Park Ave.
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Gerald S. Magnuson, trustee
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Asst Sec.
Signature of Registered Agent

Filing Fee: $35.00
Certified Copy (optional): $52.50

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