Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

THE FOURTH GERALD M. MAGNUSON FAMILY LIMITED PAR Principal Place of Suaness PD. BOX 1149 PD. BO	200	1 UNI	FORM BUS	INESS REPO)RT	(UBR)	AP	PROYEL		
Principal Place of Business P.O. 80X 1149 TIAPON SPRINGS FL 34688 P.O.	· PEGUOI						1	AND FILED		
P. D. BOX 1149 P. D. BOX 1149 TARPON SPRINGS FL 34639 TARPON SPRINGS FL 34639 2. PITICLOSE Frace of Business Sulfo, Act. #, 460. Sulfo, Act. #, 460. Sulfo, Act. #, 460. Sulfo, Act. #, 460. Chy & State Chy & St	THE FOURTH GERALD M. MAGNUSON FAMILY LIMITED PAR									
P. D. BOX 1149 P. D. BOX 1149 TARPON SPRINGS FL 34639 TARPON SPRINGS FL 34639 2. PITICLOSE Frace of Business Sulfo, Act. #, 460. Sulfo, Act. #, 460. Sulfo, Act. #, 460. Sulfo, Act. #, 460. Chy & State Chy & St	Principal Place of Business Mailing Address						SECRET	ARY OF STATE		
Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. DO NOT WRITE IN THIS SPACE	P.O. BOX 1149 P.O. BOX 1149						PAULAN	400LL// Laws		
City & State City & State City & State City & State A. FEI Number 59-3006132 Applied For Not Applicable State Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent Name MACNUSON, GERALD M MACRUSON, GERALD M Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	Principal Place of Business 3. Mailing Address					· ···				
Sp. Country Sp. Country Sp. Country Sp. Certificate of Status Desired Sp. 75 Additional Fee Producted Sp. 75 Additional Fee Product	Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
Zip Country Zip Country S. Certificate of Status Destred Status Destred S.7.5 Additional Fee Required 6. Name and Address of Current Registered Agent MAGNUSON, GERALD M 1200 S. PINELAS AVE, SUITE 9 TARPON SPRINGS FL 34689 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing it registered diffice or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 9. Capital Contributions 39.000.00 10. Amount of capit Light et al. A GENERAL PARTER THAT IS A BUSINESS ET TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form. 12. GENERAL PARTNER INFORMATION MAGNUSON, GERALD M MAGNUSON, GERALD M MAGNUSON, GERALD M MAGNUSON GERALD M MAG	City & Sta		City & State	e		4. FEI Numbe	E0.2006420			
6. Name and Address of Current Registered Agent MAGNUSON, GERALD M 1200 S. PINELLAS AVE, SUITE 9 TARPON SPRINGS FL 34689 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing it registered diffice or registered agent, or both, in the State of Fiorida. SICINATURE Signulus, Special preservation of registered agent and the Expectable (INC) SICINATURE SIGNATURE Signulus, Special preservation of registered agent and the Expectable (INC) SICINATURE SIGNATURE	Zip	p Country		Zip	Zip Cour		5. Certificate of		\$8.75 Additional	
MAGNUSON, GERALD M 1200 S. PINELLAS AVE, SUITE 9 TARPON SPRINGS FL 34689 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing it. registered agent, or both, in the State of Florida. SIGNATURE Signature, Typed or private semi-originated upon and total application of miniprocess of changing it. registered agent, or both, in the State of Florida. SIGNATURE Signature, Typed or private semi-originated upon and total application of miniprocess of changing it. registered agent, or both, in the State of Florida. SIGNATURE Signature, Typed or private semi-originated upon and total applications of miniprocess of changing it. registered agent, or both, in the State of Florida. SIGNATURE Signature, Typed or private semi-originated upon and total applications of miniprocess of changing it. registered agent, or both, in the State of Florida. DATE Signature, Typed or private semi-origination upon and total applications of the State of Florida. A GENERAL PARTITURE INFORMATION 11. MAKE CHECK PATABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION 12. MARKE CHECK PATABLE TO DEPT. OF STATE 13. ADDRESS CHANGES ONLY 13. ADDRESS CHANGES ONLY 13. ADDRESS CHANGES ONLY 13. ADDRESS CHANGES ONLY 13. STREET ADDRESS 13. ADDRESS CHANGES 13. ADDRESS		6. Name	and Address of Current	Registered Agent	<u> </u>					
1200 S. PINELLAS AVE, SUITE 9 TARPON SPRINGS FL 34689 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing it: registered office or registered agent, or both, in the State of Fiorida. SIGNATURE Signature, Yuned or primed review of registered agent and tole if applicable. (NO) Registered Agent signature required when enricitating to Contributions as Shown on record. 9. Copical Contributions A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on it: form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION WAGNUSON, GERALD M STREET ADDRESS CITY-ST-ZIP CIT						Name				
TARPON SPRINGS FL 34689 City FL Zip Code 8. The acover named entity submits this statement for the purpose of changing it: registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions as Shown on record. 9. Qopital Contributions as Shown on record. 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to cate. 9. Capital Contributions as Shown on record. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE IS REVERSE SIDE FOR FEE INFORMATION IN FLORIDA to cate. 12. Capital Contributions as Shown on record. 13. A GENERAL PARTINER THAT IS A BUSINESS ET TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. CENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY SIRET ADDRESS CITY-ST-2P TAPON SPRINGS FL 34689 SIRET ADDRESS CITY-ST-2P TAPON SPRINGS FL 34689 SIRET ADDRESS CITY-ST-2P CITY-S	•					Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing it: registered agent, or both, in the State of Florida. SIGNATURE Signature, Synation printed name of inspitiented appart and title of applicable. 9. Capital Contributions as Shown on record. 9. Capital Contributions as Shown on record. A GENERAL PARTINER THAT IS B USINESS ENTITY MUSTER REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on it. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY MACHISTORY SPRINGS FL 34689 MICHAEL STATE OF STATE STATE ADDRESS ONLY MICHAEL STATE STATE STATE STATE ADDRESS ONLY. STREET ADDRESS CITY-ST-2P DOCUMENT / MAKE SIRET ADDRESS CITY-ST-2P SIRET ADDRESS CITY-ST-2P CITY-ST-2P SIRET ADDRESS CITY-ST-2P	- ·		•							
8. The above named entity submits this statement for the purpose of changing it. registered agent, or both, in the State of Florida. SIGNATURE Signature, hypodio protect name of registered largest and tells 8 applicable. 9. Capital Contributions as Shown or record. A GENERAL PARTINER THAT IS A BUSINESS ET TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the formation amount of the contributions of the contributions as Shown or record. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY STRET ADDRESS CITY-ST-2P DOCUMENT / MARK MAGNUSON, GERALD M 120. SPINELLAS AVE, SUITE 9 TARPON SPRINGS FL. 34689 STRET ADDRESS CITY-ST-2P STRET ADDRESS CITY-ST-2	TARE OR SERENCE TE STOOP					City	Zip Code			
Signature, typically or printed reams of ingitized upont and that it applicable. 8,000.00 10. Amount of Capit all Contributions as Shown on record. A GENERAL PARTINER THAT IS A BUSINESS EN TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partiners MAY NOT be changed on it form; an amendment must be filled to change a general partiner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / MAKE MAGNUSON, GERALD M 1200 S. PINELLAS AVE, SUITE 9 TARPON SPRINGS FL 34689 DOCUMENT / MAKE STREET ADDRESS DITY-ST-2P DOC	8. The above	e named entity	submits this statement for	the purpose of changing its	register	ed office or regist	ered agent, or both		-	
9. Capital Contributions as Shown on record. \$9,000.00 10. Amount of Capit at Contributions in FLORIDa to cate. 9,000.00 11. MAKE CHECK PAYABLE TO DEPT, OF STATE SEE REVERSE SIDE FOR FEE INFORMATION. A GENERAL PARTNER THAT IS A BUSINESS ES ITTY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DIVERS CHANGES ONLY SHEET ADDRESS CITY-ST-ZIP DICCUMENT / MAKE SHEET ADDRESS CITY-ST-ZIP DICCUMENT / WAVE ADDRESS CITY-ST-Z	SIGNATURE	-								
as Shown on record. 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 / MANUE SIREET ADDRESS CITY-ST-ZIP DOCUMENT / MANUE SIRET ADDRESS CITY-ST-ZIP	9. Capital Co					butions				
NOTE: General Partners MAY NOT be changed on to form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / MAME 1200 S. PINELLAS AVE, SUITE 9 TARPON SPRINGS FL 34689 CITY-ST-ZIP DOCUMENT / MAME 1200 S. PINELLAS AVE, SUITE 9 CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP		on record.		in FLORIDA to c	ate.	9,0		SEE REVERSE SIDE	FOR FEE INFORMATION	
MAGNUSON, GERALD M 1200 S. PINELLAS AVE, SUITE 9 TARPON SPRINGS FL 34689 DOCUMENT / MANAGE STREET ADDRESS CITY-ST-ZIP DOCUMENT / MANAGE STREET ADDRESS CITY-ST										
MAGNUSON, GERALD M 1200 S. PINELLAS AVE, SUITE 9 TARPON SPRINGS FL 34689 CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST	12.		GENERAL PARTNER	INFORMATION	13.	-		ADDRESS CHANGES	ONLY	
STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-	DOCUMENT #		N OFFILE M		STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP DOCUMENT / MAME STREET ADDRESS CITY-ST		SS 1200 S. PINELLAS AVE, SUITE 9			СІТУ	-ST-ZIP				
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	DOCUMENT #	171111 011 01	THIT OF E OTOGO		STRE	EET ADDRESS				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET AD	STREET ADDRESS				CITY	-ST-ZIP				
CITY-ST-ZIP DOCUMENT / NAME 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 he same legal effect as if made under oath; that I am a General Partner of the limited partnership or	DOCUMENT #				STRE	ET ADDRESS	2000042175321 -05/15/0101061016_			
STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP LAME STREET AD	STREET ADDRESS				CITY	-ST-ZIP		***1557, 2	3 ****151.15	
CITY-ST-ZIP	DOCUMENT #	-			стрг	ET ADDRESS				
CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 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 he same legal effect as if made under path; that I am a General Partner of the limited partnership or	NAME STREET ADDRESS				SIND	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP 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 he same legal effect as if made under path; that I am a General Partner of the limited partnership or	CITY-ST-ZIP				CITY	-ST-ZIP				
CITY-ST-ZIP COCUMENT # VAME 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 he same legal effect as if made under path; that I am a General Partner of the limited partnership or	DOCUMENT # NAME				STRE	ET ADDRESS			\$151.15	
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 he same legal effect as if made under path; that I am a General Partner of the limited partnership or	STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
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 he same legal effect as if made under path; that I am a General Partner of the limited partnership or	DOCUMENT #				STRE	ET ADDRESS				
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 i	STREET ADDRESS City-St-Zip				CITY	-ST-ZIP				
	14. I hereby of indicated	certify that the on this report	information supplied with is true and accurate and t	this filing does not qualify for	the exe	mption stated in S	ection 119.07(3)(i),	Florida Statutes. I further	certify that the information	