

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 26 AM 11:26

1. Name of Limited Partnership

1a. DOCUMENT #
A29858

**THE SIXTH GERALD M. MAGNUSON FAMILY LIMITED
PARTNERSHIP**

Mailing Address

P.O. BOX 1149
TARPON SPRINGS FL 34688

Principal Office Address

P.O. BOX 1149
TARPON SPRINGS FL 34688

2. Mailing Address

Suite, Apt. #, etc

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc

City & State

Zip Country

3. Date Formed or Registered

03/19/1990

3a. Date of Last Report

12/26/1997

4. State or Country of Formation

FL

6. FLE Number

59-3006133

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$15,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

15,000.00

☐ Applied For
☐ Not Applicable

☒ \$8.75 Additional
Fee Required

8. Make this payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MAGNUSON, GERALD M
1200 S. PINELLAS AVE, SUITE 9
TARPON SPRINGS FL 34689

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc

City

FL Zip Code

10. If changed, New Registered Agent Office

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment):

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

MAGNUSON, GERALD M

11a. Address of Each General Partner
(Do NOT Use Post Office Box Number(s))

1200 S. PINELLAS AVE,

11b. City, State & Zip Code

TARPON SPRINGS FL 346

11c. Registration
Document Number

5010101272014151-4
-02/09/99--01089--040
***2097.50 ***2097.50

\$202.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Gerald M. Magnuson

DATE

12-30-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)