

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

FILED

2004 APR 21 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A29859**

1. Entity Name  
**THE SEVENTH GERALD M. MAGNUSON FAMILY  
LIMITED PARTNERSHIP**



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

04152004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3006138**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New 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)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$15,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**15,000.00**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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**800035826838  
05/10/04--01094--018 \*\*193.75**

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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:**

**GERALD M. MAGNUSON**  
**Gerald M. Magnuson** 4-19-04 727-937-8358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE