

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

**DOCUMENT # A96000000664**

1. Entity Name  
**MAGNOLIA POINTE OF BAY, LTD.**



Principal Place of Business  
**1002 WEST 23RD STREET, SUITE 400**  
**PANAMA CITY, FL 32405**

Mailing Address  
**1002 WEST 23RD STREET, SUITE 400**  
**PANAMA CITY, FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3371066**

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

**HENRY, ROBERT F**  
**1002 WEST 23RD STREET, SUITE 400**  
**PANAMA CITY, FL 32405**

Name **Lauretta J. Pippin**

Street Address (P.O. Box Number is Not Acceptable)  
**1002 W. 23<sup>rd</sup> St., Ste. 400**

City **Panama City**

**FL**

Zip Code  
**32405**

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

*Lauretta J. Pippin*

**Lauretta J. Pippin**

**4/22/04**  
 DATE

9. Capital Contributions  
 as Shown on record. **\$3,170,412.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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 # **N43835**  
 NAME **BAY EQUITY INVESTMENTS, INC.**  
 STREET ADDRESS **C/O 1002 W. 23RD STREET, SUITE 400**  
 CITY-ST-ZIP **PANAMA CITY, FL 32405**

STREET ADDRESS  
 CITY-ST-ZIP  
**900036062839**  
**05/11/04--01066--028 \*\*\$35.00**

DOCUMENT #  
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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:**

*Ronnie Adams*

**Ronnie Adams**

**4/28/04**

**(850) 769-8981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**FILED**

**04 APR 30 AM 8:11**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

