2002	OHII OHM DOO			, – – , – , – , – , – , – , – , – , – ,				SUL,
DOCUMENT # A9600001903  I. Entity Name					FILED			
MAGPARK PARTNERS, LTD.  Principal Place of Business Mailing Address					02 FEB 14 PM 2: 49			2
					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
1201 SOUTH ORLANDO AVE SUITE 360 P.O. BOX 607 WINTER PARK FL 32789 WINTER PARK FL 32790								
2. Principal Pl	ace of Business	3. Mailing Address				<b>usu (usise u</b> sisi dani) adini abini abini	dangt india tahu dangs men seen	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State		City & State			4. FEI Number	59-3403892	Applied For Not Applicable	e
Zip Country		Zip Coun		atry	5. Certificate of Status Desired S8.75 Additional Fee Required		7	
	6. Name and Address of Current	Registered Agent	L <del>.</del>		7. Name and A	ddress of New Registered	Agent	7
STRONG, DAVID C				Name				
1201 SOUTH ORLANDO AVE., SUITE 360				Street Address (P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32789								]
				City		FL	Zip Code	
8. The above	named entity submits this statement fo	or the purpose of changing its	register	ed office or register	ed agent, or both,	in the State of Florida.		7
	•							
SIGNATURE _	Signature, typed or printed name of registered agent	<del></del>				DATE	- TO DEST OF STATE	_
9. Capital Contributions as Shown on record. \$1,249.00 in FLORIDA to date.				ntributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GENERAL PARTNER 1 NOTE: General Partners MA	THAT IS A BUSINESS EN	NTITY N	UST BE REGIST	TERED AND AC	TIVE WITH THIS OFFIC	E.	
12.	GENERAL PARTNER		13.		it must be med	ADDRESS CHANGES ON		$\exists_{\sim}$
DOCUMENT #	P97000010251 STRONG/MAGPARK, INC.			STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	1201 SOUTH ORLANDO AVE., SUITE 360 WINTER PARK FL 32789		CITY	/-ST-ZIP	ZIP			
DOCUMENT #			STR	EET ADDRESS				٠\ <u>۴</u>
NAME STREET ADDRESS CITY-ST-ZIP			CITY	ITY-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		Manager 11 = E-S		
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STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-Z(P				
DOCUMENT # NAME			STR	EET ADDRESS				
STREET ADDRESS City-St-Zip			CITY	/-ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	,	A Committee Comm		Y-ST-ZIP				
indicated	certify that the information supplied with on this report is true and accurate and rer or trustee empowered to execute the	i that my sionature shall have	ithe sam	ie legal effect as if n	ection 119.07(3)(i), nade under oath; t	Florida Statutes. I further ce hat I am a General Partner of	rtify that the information f the limited partnership (	or

SIGNATURE: \_BY.STATES.

1/25/02

7/629 1800 Daytime Phone #