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2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A96000001903** 04 FEB 18 PM 12: 15 MAGPARK PARTNERS, LTD. Principal Place of Business Mailing Address P.O. BOX 607 1201 SOUTH ORLANDO AVE., SUITE 360 WINTER PARK, FL 32789 WINTER PARK, FL 32790 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3403892 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required ____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRONG, DAVID C Street Address (P.O. Box Number is Not Acceptable) 1201 SOUTH ORLANDO AVE., SUITE 360 WINTER PARK, FL 32789 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 10. Amount of Capital Contributions \$1,249.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P97000010251 DOCUMENT # STREET ADDRESS STRONG/MAGPARK, INC. STREET ADDRESS 1201 SOUTH ORLANDO AVE., SUITE 360 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # 300029804463 STREET ADDRESS 03/03/04 -01032 -- 008 **141.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

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SIGNATURE: