## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Apr 23, 2008 08:00 AM Secretary of State Due By May 1, 2008 DOCUMENT# A96000001903 MAGPARK PARTNERS, LTD. Principal Place of Business Mailing Address 1000 N. ORLANDO AVENUE, STE D P.O. BOX 607 WINTER PARK, FL 32789 WINTER PARK, FL 32790 01082008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3403892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STRONG, DAVID C DO NOT WRITE 1000 N. ORLANDO AVENUE, STE D WINTER PARK, FL 32789 IN THIS SPACE 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. U00000917695 SIGNATURE 05/13/08-80059#007 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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 GENERAL PARTNER INFORMATION P97000010251 DOCUMENT A STRONG/MAGPARK, INC. STREET ADDRESS 1000 N. ORLANDO AVENUE, STE D CITY -ST- ZIP WINTER PARK, FL 32789 DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT 4

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY - ST-ZIP

HERE

CHECK

OR PRINTED NAME OF SIGNING GENERAL PARTNER