

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015649 AT

DOCUMENT # B01000000442

1. Entity Name  
K MAGNUM FUND, LP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 27 AM 10:29

Principal Place of Business  
417 12TH STREET WEST, SUITE 213  
BRADENTON FL 34205

Mailing Address  
417 12TH STREET WEST, SUITE 213  
BRADENTON FL 34205



2. Principal Place of Business

2 N - TAMiami TRAIL

3. Mailing Address

2 N. Tamiami Trail

Suite, Apt. #, etc.

Ste 1200

Suite, Apt. #, etc.

Ste 1200

City & State

Sarasota, FL

City & State

Sarasota, FL

DUE BY MAY 1, 2003

4. FEI Number 36-4486877

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEASLEY, ROBERT JOSEPH  
417 12TH STREET WEST, SUITE 213  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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

4-30-03

9. Capital Contributions  
as Shown on record.

\$250,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # L00000013468  
NAME LONGBOAT GLOBAL ADVISORS, LLC.  
STREET ADDRESS 417 12TH STREET WEST, SUITE 213  
CITY-ST-ZIP BRADENTON FL 34205

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2 N. Tamiami Trail

CITY-ST-ZIP

Ste 1200 Sarasota FL 34236

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700019682407  
05/22/03--01003--001 \*\*52.50

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

08/26/03--01001--017 \*\*526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/03

Date

941-361-2184

Daytime Phone #

CR2E003 (10/02)

STATE OF FLORIDA