

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A99000001112					
1. Entity Name GEORGIANNA C. SWANSON FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 215 N. MAGNOLIA AVENUE GREEN COVE SPRINGS, FL 32043			Mailing Address P.O. BOX 925 GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3644521	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWANSON, GEORGIANNA C 215 N. MAGNOLIA AVENUE GREEN COVE SPRINGS, FL 32043			7. Name and Address of New Registered Agent Name: BRANT ABRAHAM REITER MCCORMICK & GREENE PA Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street, Ste. 2750 City: Jacksonville FL Zip Code: 32202		
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: <i>Thomas M Reiter</i> Vice President THOMAS M REITER 4-5-07 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000053656 GEORGIANNA C. SWANSON, INC. 215 N. MAGNOLIA AVENUE GREEN COVE SPRINGS, FL 32043		STREET ADDRESS CITY-ST-ZIP	300103603183 05/31/07--01024--001 **500.00	
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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					
SIGNATURE: <i>Georgina C Swanson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 5-1-07 Daytime Phone #		

FILED

07 MAY 18 PM 4: 16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04052007 Chg-LP CR2E003 (12/06)

Applied For
 Not Applicable

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