


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A00000001048 1. Entity Name SWEDROE FAMILY INVESTMENTS, LTD.	
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FILED

07 FEB 26 AM 9:38

SECRETARY OF STATE



Principal Place of Business 7747 ATLANTIC WAY MIAMI BEACH FL 33141	Mailing Address 7747 ATLANTIC WAY MIAMI BEACH FL 33141
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2. Principal Place of Business - No P.O. Box # 1268 Biscayne Drive Suite, Apt. #, etc. Surfside, FL City & State	3. Mailing Address 1268 Biscayne Drive Suite, Apt. #, etc. Surfside, FL City & State
Zip 33154 Country USA	Zip 33154 Country USA

1st MOORE CR2E003 (10/06)

4. FEI Number 65-1023198	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SWEDROE, LAURIE 1111 LINCOLN RD. SUITE 300 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Laurie Swedroe 2/14/07
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	P00000061220	STREET ADDRESS	
NAME	SWEDROE FAMILY INVESTMENTS INC	CITY ST ZIP	
STREET ADDRESS	7747 ATLANTIC WAY		
CITY ST ZIP	MIAMI BEACH FL 33141		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
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CITY ST ZIP			

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 02/27/07--01056--001 **500.00

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: [Signature] 2/14/07 305-674-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE