


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

SW

DOCUMENT # A00000001723 1. Entity Name SHOREWOOD APARTMENTS, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 11:14

Principal Place of Business 4721 UNIVERSITY DRIVE CORAL GABLES FL 33146	Mailing Address C/O R&S MGMT. 5821 REDDMAN RD. CHARLOTTE NC 28212
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address 1981 J.N. PEASE PH Suite, Apt. #, etc. Suite 101 City & State Charlotte, NC Zip 28262-4529 Country USA
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[Handwritten signature]

1st MOORE CR2E003 (10/05)

4. FEI Number 65-1054618	Applied For 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 SORKIN, LAWRENCE 4721 UNIVERSITY DRIVE CORAL GABLES FL 33146
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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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
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FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #	P00000105464	STREET ADDRESS	
NAME	SW INVESTMENT GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	4721 UNIVERSITY DRIVE		
CITY-ST-ZIP	CORAL GABLES FL 33146		
DOCUMENT #		STREET ADDRESS	900074089759
NAME		CITY-ST-ZIP	05/08/06--01009--006 **500.00
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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]* **LAWRENCE SORKIN** 4-6-06 704-548-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #