

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004

DOCUMENT # A01000000533	
1. Entity Name: HART & SWAN ENTERPRISES, LTD.	



FILED
04 AUG 25 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (4/04)

Principal Place of Business 3715 BERGER ROAD LUTZ FL 33548	Mailing Address 3715 BERGER ROAD LUTZ FL 33548
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3758351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REGENHARDT, JANE S 3715 BERGER ROAD LUTZ FL 33548
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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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

9. Capital Contributions as Shown on record. \$15,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	NAME
NAME	SWANSON, BARBARA JOY
STREET ADDRESS	3715 BERGER ROAD
CITY-ST-ZIP	LUTZ FL 33548
DOCUMENT #	NAME
NAME	REGENHARDT, CARL R SR.
STREET ADDRESS	3715 BERGER ROAD
CITY-ST-ZIP	LUTZ FL 33548
DOCUMENT #	NAME
NAME	REGENHARDT, JANE S
STREET ADDRESS	3715 BERGER ROAD
CITY-ST-ZIP	LUTZ FL 33548
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400040579784
CITY-ST-ZIP	08/27/04--01034--004 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 119.07(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: Jan S. Regenhardt 7/24/2004 813269-4201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #