

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000000533**

1. Entity Name  
**HART & SWAN ENTERPRISES, LTD.**



Principal Place of Business  
**3715 BERGER ROAD  
LUTZ, FL 33548**

Mailing Address  
**3715 BERGER ROAD  
LUTZ, FL 33548**



01052006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3758351**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**REGENHARDT, JANE S  
3715 BERGER ROAD  
LUTZ, FL 33548**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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**

|                |                               |
|----------------|-------------------------------|
| DOCUMENT #     |                               |
| NAME           | <b>SWANSON, BARBARA JOY</b>   |
| STREET ADDRESS | <b>3715 BERGER ROAD</b>       |
| CITY-ST-ZIP    | <b>LUTZ, FL 33548</b>         |
| DOCUMENT #     |                               |
| NAME           | <b>REGENHARDT, CARL R SR.</b> |
| STREET ADDRESS | <b>3715 BERGER ROAD</b>       |
| CITY-ST-ZIP    | <b>LUTZ, FL 33548</b>         |
| DOCUMENT #     |                               |
| NAME           | <b>REGENHARDT, JANE S</b>     |
| STREET ADDRESS | <b>3715 BERGER ROAD</b>       |
| CITY-ST-ZIP    | <b>LUTZ, FL 33548</b>         |
| DOCUMENT #     |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| DOCUMENT #     |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |

000000412869  
02/11/06-00066-003 508.75

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1/27/2006 813/369-4201**

STAPLE CHECK HERE