

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED

2007 AUG 20 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



07152007 Chg-LP CR2E003 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3758351

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

DATE

[Handwritten Signature]

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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

**SWANSON, BARBARA JOY
3715 BERGER ROAD
LUTZ, FL 33548**

STREET ADDRESS
CITY-ST-ZIP

300108708113
08/28/07--01033--020 *908.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**REGENHARDT, CARL R SR.
3715 BERGER ROAD
LUTZ, FL 33548**

Deceased

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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 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:

Jane S. Regenhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/9/07

813 269-4201

Date

Daytime Phone #

STAPLE CHECK HERE