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

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DUE BY MAY 1, 2007 FILED DOCUMENT # A0200000508 Apr 13, 2007 08:00 Al Secretary of State 1. Entity Name SWEZY FAMILY INVESTMENTS, LTD. Principal Place of Business Mailing Address 168 HIALEAH DRIVE 168 HIALEAH DRIVE HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, otc Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 01-0676455 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWEZY, RUBY S Street Address (P.O. Box Number is Not Acceptable) 168 HIALEAH DRIVE HIALEAH FL 33010 City 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 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P02000033919 STREET ADDRESS NAME SWEZY FAMILY INVESTMENTS, INC. STREET ADDRESS 168 HIALEAH DRIVE CiTY-ST-7/P CITY-SI-ZIP HIALEAH FL 33010 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP DOCUMENT # STRLET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP U00000706471 DOCUMENT# 04/24/07-80035-007 500.00 STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SI-ZIP 14. I hereby cortify 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 eath; 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

ING GENERAL PARTNER

4-10-07 Date

Daytime Phone #