


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

FILED
Mar 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001016	
1. Entity Name SWHUS LAND CO. LIMITED PARTNERSHIP	

Principal Place of Business 10130 BERTRAM LANE FORT MYERS FL 33912	Mailing Address 10130 BERTRAM LANE FORT MYERS FL 33912
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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

1st MOORE CR2E003 (10/05)

4. FEI Number 20-1296216	Applied For <input type="checkbox"/> 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 GRAVINA, PETER J 1833 HENDRY STREET FORT MYERS FL 33901

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____	DATE _____
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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 # .. P04000076055	NAME SWHUS LAND CO., INC.	STREET ADDRESS	1100000453001
STREET ADDRESS 10130 BERTRAM LANE	CITY-ST-ZIP FORT MYERS FL 33912	CITY-ST-ZIP	02-18-05 00000002 500.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: Vassina A. Avelar 3/2/06