

# 2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000452

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** SWOR FAMILY FLORIDA LIMITED PARTNERSHIP

**Current Principal Place of Business:**

6000 FOREST BLVD.  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

6000 FOREST BLVD.  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 20-4600338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWOR, DAVID W  
16621 BOBCAT COURT  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SWOR, DAVID W  
Address: 16621 BOBCAT COURT  
City-St-Zip: FORT MYERS, FL 33908

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: SWOR, DORIS  
Address: 16621 BOBCAT COURT  
City-St-Zip: FORT MYERS, FL 33908

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID W. SWOR

GP

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date