## 2010 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A08000000869

City-St-Zip: LAKE PANASOFFKEE, FL 33538

FILED Mar 28, 2010 Secretary of State

Entity Name: SWILER FAMILY LIMITED PARTNERSHIP, LLLP

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	NTY ROAD 444 ASOFFKEE, FL				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	NTY ROAD 444 ASOFFKEE, FL				
FEI Number:	26-3570490	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	HOMAS R NTY ROAD 444 ASOFFKEE, FL				
The above in the State		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both	
SIGNATUR	E:				
	Electronic	signature of Registered Age	ent	Date	
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY	<i>t</i> :	
Document #: Name:	SWILER, THOMA		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: THOMAS SWILER 03/28/2010