LIMITED PARTNERSHIP
2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 APR -3 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A09465

1. Entity Name

SWARCOMM INVESTMENTS, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1004 A N. Lockwood Ridge Rd.	1004 A N. Lockwood Ridge Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34237 Country: USA	Zip: 34237 Country: USA

DUE BY MAY 1

4. FEI Number: 59-2102844 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Schwartz, Eugene

Street Address (P.O. Box Number is Not Acceptable): 1004 A N. Lockwood Ridge Rd.

City: Sarasota **FL** Zip Code: 34237

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.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
950.00	950.00	

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			
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	Schwartz, Eugene 1004 A.N. Lockwood Ridge Rd. Sarasota, FL 34237	STREET ADDRESS / CITY-ST-ZIP	800005258448--1 -04/12/02--01092--010 ****141.25 ****141.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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	

CR2E003B (12/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ✓ Eugene Schwartz Eugene Schwartz, general 4/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #