

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A26464**

1. Entity Name  
**CREWSVILLE SWEETWATER LIMITED I**



Principal Place of Business  
**220 S. COMMERCE AVE.  
SEBRING, FL 33870**

Mailing Address  
**P.O. BOX 3346  
SEBRING, FL 33871**



01092006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2942628**

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**CREWSVILLE SWEETWATER, INC.  
220 S. COMMERCE AVE.  
SEBRING, FL 33870**

**DO NOT WRITE  
IN THIS SPACE**

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 \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 # **J65429**  
NAME **CREWSVILLE SWEETWATER INC.**  
STREET ADDRESS **220 S. COMMERCE AVE.**  
CITY-ST-ZIP **SEBRING, FL 33870**

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U00000390256  
01/23/06-80021-003 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-13-06**  
Date

**863-385-16136**  
Daytime Phone #