


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #A26464</b> 1. Entity Name <b>CREWSVILLE SWEETWATER LIMITED I</b>	
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Principal Place of Business <b>220 S. COMMERCE AVE. SEBRING, FL 33870</b>	Mailing Address <b>P.O. BOX 3346 SEBRING, FL 33871</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>59-2942628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	<b>J65429</b>
NAME	<b>CREWSVILLE SWEETWATER INC.</b>
STREET ADDRESS	<b>220 S. COMMERCE AVE.</b>
CITY- ST- ZIP	<b>SEBRING, FL 33870</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000619233  
02/08/07-80062-016 500.00

**DO NOT WRITE IN THIS SPACE**

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**  **1-23-07** **863-385-6136**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE