


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A92000000258 1. Entity Name SWEGER FAMILY LIMITED PARTNERSHIP LLLP	
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Principal Place of Business 150 BELLEVIEW BLVD., NO. 605 BELLEAIR FL 33756	Mailing Address 150 BELLEVIEW BLVD., NO. 605 BELLEAIR FL 33756
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
	Country	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 FEB 16 AM 11:58
 02/27/04



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent SWEGER, JOHN B 150 BELLEVIEW BLVD., NO. 605 BELLEAIR FL 33756	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____	
9. Capital Contributions as Shown on record. \$3,475,706.00		10. Amount of Capital Contributions in FLORIDA to date. 3,475,706.00	

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STAT
SEE REVERSE SIDE FOR FEE INFORMATION**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	SWEGER, JOHN B		
	STREET ADDRESS		
	150 BELLEVIEW BLVD., NO. 605		
	CITY-ST-ZIP		
	BELLEAIR FL 33756		
DOCUMENT #	NAME	STREET ADDRESS	
	SWEGER, JOHN B JR		
	STREET ADDRESS		
	340 MEARS BLVD..		
	CITY-ST-ZIP		
	OLDSMAR FL 34677		
DOCUMENT #	NAME	STREET ADDRESS	
	SWEGER, ROBERT L		
	STREET ADDRESS		
	3179 THOROUGHbred DR.		
	CITY-ST-ZIP		
	BROOKSVILLE FL 34602		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		

400027623894
 03/03/04-01039-003 **88.75
 400027623894
 01/26/04-01095-024 **437.50

STAPLE CHECK HERE

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: John B. Sweger (JOHN B. SWEGER)