

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A92000000258

1. Entity Name

SWEGER FAMILY LIMITED PARTNERSHIP LLLP



**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

05 FEB 21 PM 12: 08

Principal Place of Business

**150 BELLEVIEW BLVD., NO. 605
BELLEAIR FL 33756**

Mailing Address

**150 BELLEVIEW BLVD., NO. 605
BELLEAIR FL 33756**

2. Principal Place of Business

3179 THOROUGHbred DR.

Suite, Apt. #, etc.

3. Mailing Address

3179 THOROUGHbred DR.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

Zip

34602

Country

USA

Zip

34602

Country

USA

gfs



1ST MOORE

CR2E003 (10/04)

4. FEI Number

59-3153062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 **ROBERT L. SWEGER**

Street Address (P.O. Box Number is Not Acceptable)
3179 Thoroughbred Dr.

City **BROOKSVILLE**

FL

Zip Code
34602

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, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

2/14/05

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. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.**

**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 **SWEGER, JOHN B**
STREET ADDRESS **150 BELLEVIEW BLVD., NO. 605**
CITY - ST - ZIP **BELLEAIR FL 33756**

DOCUMENT #
NAME **SWEGER, JOHN B JR**
STREET ADDRESS **340 MEARS BLVD..**
CITY - ST - ZIP **OLDSMAR FL 34677**

DOCUMENT #
NAME **SWEGER, ROBERT L**
STREET ADDRESS **3179 THOROUGHbred DR.**
CITY - ST - ZIP **BROOKSVILLE FL 34602**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

**000047493390
03/01/05--01035--008 **526.25--**

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:

Robert L. Sweger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/05

DATE

352-796-1722

Daytime Phone #

STAPLE CHECK HERE