2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # A92000000258

1. Entity Name
SWEGER FAMILY LIMITED PARTNERSHIP LLLP

Principal Place of Business	Mailing Address
3179 THOROUGHBRED DR. BROOKSVILLE, FL 34602	3179 THOROUGHBRED DR. BROOKSVILLE, FL 34602

01052006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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, ROBERT L
3179 THOROUGHBRED DR.
BROOKSVILLE, FL 34602

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.

U00000382317
01/12/06-81004-003 500.00

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 #	
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	

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: _____ 1/6/06 352-796-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #