


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # A92000000258 1. Entity Name SWEGER FAMILY LIMITED PARTNERSHIP LLLP	
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Principal Place of Business 3179 THOROUGHbred DR. BROOKSVILLE, FL 34602	Mailing Address 3179 THOROUGHbred DR. BROOKSVILLE, FL 34602
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3153062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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

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

DATE

000000580325
01/10/07-80042-012 500.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/2/07

352-796-1722
Daytime Phone #

STAPLE CHECK HERE