2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A92000000258

3449 NW 11TH AVE

GAINESVILLE, FL 32605

Address: City-St-Zip:

Entity Name: SWEGER FAMILY LIMITED PARTNERSHIP LLLP

FILED Jan 07, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 3179 THOROUGHBRED DR. BROOKSVILLE, FL 34602 **Current Mailing Address: New Mailing Address:** 3179 THOROUGHBRED DR. BROOKSVILLE, FL 34602 FEI Number: 59-3153062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWEGER, ROBERT L 3179 THOROUGHBRED DR. BROOKSVILLE, FL 34602 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. SIGNATURE: Electronic Signature of Registered Agent Date **GENERAL PARTNER INFORMATION:** ADDRESS CHANGES ONLY: Document #: Name: BRADY, CRYSTAL 3705 CHAMPAGNE DR. #105 Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Document #: SWEGER, JOHN B JR Name: Address: 340 MEARS BLVD.. Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Document #: Name: SWEGER, ROBERT L 3179 THOROUGHBRED DR. Address: Address: City-St-Zip: BROOKSVILLE, FL 34602 City-St-Zip: Document #: Name: SWEGER, CLAY

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT L. SWEGER GP 01/07/2009