2001 UNIFORM BUSINESS REPORT (UBR))10337
DOCUMENT # A9300000076 1. Entity Name										₽
SW, LTD.							FILED			
Principal Place of Business Mailing Address							01 JUN 15 PM 12: 32			
5015 S. FLORIDA AVE SUITE 200 LAKELAND FL 33813			P.O. BOX 5252 LAKELAND FL 33807				SECRETARY OF STATE			
omeomo re			5	122/112 / 2 0000/			TALLA			
2. Principal Place of Business				3. Mailing Address					1416 61 141 43 121 (151 4 5 11)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			С	City & State		4. FEI Number .59-3159271 Applied For Not Applicable				
Zip				Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Addition Fee Required		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						Name	7. Name and /	Address of New Registered	Agent	
MCFARLANE, PÉTER A ESQ. 5015 S. FLORIDA AVE., SUITE						Street Address (P.O. Box Number is Not Acceptable)				
LAKELAND FL 33813								•		·
	_					City		FL	Zip Code	
8. The above	named entity	submits this statement fo	or the pu	rpose of changing its	registere	ed office or regis	tered agent, or both	, in the State of Florida.	•	
SIGNATURE	Signature, typed o	r printed name of registered agent	and title if	applicable. (NOTE	: Registere	d Agent signature requi	red when reinstating)	, DATE	· · · · · · · · · · · · · · · · · · ·	-
9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date						butions		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO		
								CTIVE WITH THIS OFFICE to change a general par		
12.		GENERAL PARTNER			13.	·		ADDRESS CHANGES ON		
DOCUMENT # NAME	P92000012419 SW, INC.				STRE	STREET ADDRESS .				1/00
STREET ADDRESS CITY-ST-ZIP	5015 S. FLORIDA AVE., SUITE 200 LAKELAND FL 33813				CITY	-ST-ZIP				(2E003 (11/00)
DOCUMENT # NAME					STRE	EET ADDRESS				8
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	5000044333859 -06/21/0101004019 ****150.00 ****150.00			
DOCUMENT # NAME					STRE	ET ADDRESS		****150.00	****150.0	10
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		•		
DOCUMENT # NAME					STRE	ET ADDRESS		:		
STREET ADDRESS CITY-ST-ZIP					CITY-	-ST-ZIP		:		
DOCUMENT #					STRE	ET ADDRESS		·		
STREET ADDRESS CITY-ST ¹ ZIP					CITY	- ST- ZIP				
DOCUMENT NAME				 .	STRE	ET ADDRESS (_	
STREET ADDRESS CITY-ST-ZIP					CITY-	-ST-ZIP				
14. I hereby of inclicated the receiv	certify that the on this report er or trustee e	information supplied with is true and accurate and mpowered to execute thi	this filir that my is report	ng does not qualify for signature shall have t as required by Chapt	the exer he same er 620, F	mption stated in the legal effect as it for a statutes	Section 119.07(3)(i), made under oath; t	Florida Statutes. I further cer hat I am a General Partner of	tify that the informati the limited partnersh	on nip or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8636471581 Daytime Phone #