

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000000480**

1. Entity Name  
**SOUTH WIND APARTMENTS, LTD.**



Principal Place of Business  
**5709 NW 158 ST  
MIAMI LAKES, FL 33014**

Mailing Address  
**5709 NW 158 ST  
MIAMI LAKES, FL 33014**



04042006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0518194**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SWEZY, LEWIS  
5709 NW 158 ST  
MIAMI LAKES, FL 33014**

**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

**U00000543306**  
**05/10/06-80131-015 508.75**

DATE

**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 # **P94000089667**  
NAME **SOUTH WIND APARTMENTS OF DADE, INC.**  
STREET ADDRESS **5709 NW 158TH ST**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

DOCUMENT # **P95000097178**  
NAME **L. SWEZY CORP.**  
STREET ADDRESS **5709 NW 158TH ST**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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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

Date

Daytime Phone #

**4-26-06 305 821 0330**

STAPLE CHECK HERE