

2001 UNIFORM BUSINESS REPORT (UBR)

0015008 AF

DOCUMENT # A96000000612
 1. Entity Name
SWAN FAMILY LTD.

FILED

01 FEB 15 AM 11:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **6101 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228**
 Mailing Address: **P.O. BOX 309 BRADENTON BEACH FL 34217**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **65-0650057**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SWAN, HARRY C
6101 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$100,000,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: **\$100,000,000.00**
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P96000022826
NAME	SYGNUS GROUP OF SOUTHWEST FLORIDA, INC.
STREET ADDRESS	6101 GULF OF MEXICO DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL 34228
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	808003746618-1
CITY-ST-ZIP	-02/22/01--01004--012
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
Sygnus Group of Southwest Florida, Inc. General Partner
 by **Harry C. Swan, President**
SIGNATURE: **SIGNATURE REQUIRED**
 Date: **2-7-01** Daytime Phone #: **(941)383-5803**

CR2E003 (11/00)