2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 APR 29 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001910S AB

DOCUMENT # A96000001449

1. Entity Name
SWAN RUN, LTD.

Principal Place of Business	Mailing Address
4721 UNIVERSITY DRIVE CORAL GABLES FL 33146	% R & S MGMT CO. 5821 REDDMAN RD CHARLOTTE NC 28212

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

DUE BY MAY 1, 2002

4. FEI Number 65-0688393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SORKIN, REUBEN 4721 UNIVERSIY DRIVE CORAL GABLES FL 33146	Name LARRY SORKIN Street Address (P.O. Box Number is Not Acceptable) 7460 SW 48th ST City MIAMI **FL** Zip Code 33155

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 [signature] 4-24-02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$1,163,250.00	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000064809	STREET ADDRESS	
NAME	R.S. GROUP, INC.		
STREET ADDRESS	4721 UNIVERSITY DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES FL 33146		
DOCUMENT #		STREET ADDRESS	800005582478--2 -05/10/02--01038--011 ****526.25 ****526.25
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CR2E003 (9/01)

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

SIGNATURE: SIGNATURE REQUIRED [signature] 4-24-02 704-532-0750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE