## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED Apr 23, 2004 08:00 AM 526.2 Secretary of State

DOCUM 1. Entity Name SWAN RU	MENT # A9600000 N, LTD.	1449	<i>y</i> -		526.	2 Becre	tary o	i State	
Principal Place of Business 4721 UNIVERSITY DRIVE CORAL GABLES, FL 33146		Meiling Address % R & S MGMT CO. 5821 REDDMAN RD CHARLOTTE, NC 28212					· - • • • • • • • • • • • • • • • • • • •	 San 1018 (110) 8 (10)	
2. Principal Place of Business		3. Mailing Address		<del></del>					
Suite, Apr. #, etc.		Suite, Apt #, etc.			01062004	Chg-LP	CR2E003	3 (10/03)	
City & State		City & State			4. FEI Number 65-0688			Applied For Not Applicable	
Zip			Country			of Status Desired	°—' F∈	B.75 Additional e Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent					
]		* · · · =		Name					
4721 UNIVE	SORKIN, LARRY 4721 UNIVERSITY DRIVE CORAL GABLES, FL 33146				Street Address (P.O. Box Number is Not Acceptable)				
CORAL GA	CORAL GABLES, FL 33140						-	; 	
}				City			FL	Zip Code	
SIGNATURE  Signature typed or privided name of registered again and title if applicable  9. Capital Contributions as Shown on record. \$1,163,250.00  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTIT					TEDED AND A	CTIVE WITH TE	DATE		
	NOTE: General Partners I								
12.		ER INFORMATION	13			ADDRESS CH			
DOCUMENT # NAME	P96000064809 R.S. GROUP, INC.			RLET ADDRESS				27	
STREET ADDRESS CITY-ST-ZIP	4721 UNIVERSITY DRIVE CORAL GABLES, FL 33146		Cit	Y-51-21P	U00000144736				
DOCUMENT # NAME				REET AUDRESS					
STREET ADDRESS CITY-ST-ZIP			сл	Y SI-ZIP		•••			
DOCUMENT #	IANE			REET ADDRESS		<del></del>			
STREET ADDRESS CHY-ST-ZIP			cn ·	Y-S1-ZIP		<del></del>			
NAME STREET ADDRESS				REET ADDRESS					
DITY SI ZIP			€IR	Y-51-21P		<del></del>		<del></del>	
DITY SI-ZP DECUMENT *  MAME STREET ADDRESS CHY-SI-ZP DOCUMENT *  HAME				REET ADDRESS			<del></del>	+ ₹.	
CITY-ST-ZP			-	N-21-59P		A		<del></del>	
STREET ADDRESS				PEET ADDRESS	<del></del>	<del></del>	<del></del>		
CHY-ST-ZIP									
<u> </u>	certify that the information supplied on this report is true and accurate a er or trustee empowered to execute	with this filling does not qualify and that my signature shall have this report as required by Ch	for the ex ve the sar apter 620	emption stated in S ne legal effect as if l, Florida Statules	ection 119.07(3)( made under oath	I), Rorlda Statutes , that I am a Gener	I further certinal Partner of t	ly that the information he limited partnership	