


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

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| DOCUMENT # A96000001449 1. Entity Name SWAN RUN, LTD. |  |
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| Principal Place of Business 4721 UNIVERSITY DRIVE CORAL GABLES FL 33146 | Mailing Address % R & S MGMT CO. 5821 REDDMAN RD CHARLOTTE NC 28212 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

[Handwritten signature]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -7 AM 10: 01



1ST MOORE CR2E003 (10/04)

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|---|---|--|--|
| 6. Name and Address of Current Registered Agent SORKIN, LARRY 4721 UNIVERSITY DRIVE CORAL GABLES FL 33146 | | 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. I am familiar with, and accept the obligations of registered agent. | | 11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info. | |
| SIGNATURE _____ 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. | | |

**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 # NAME STREET ADDRESS CITY - ST - ZIP | P96000064809 R.S. GROUP, INC. 4721 UNIVERSITY DRIVE CORAL GABLES FL 33146 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | 700048186407 03/11/05--01005--018 **526.25 |
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STAPLE CHECK HERE

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: *[Handwritten signature]* **3/1/2005 704/5320750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #