

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

SR

DOCUMENT # A96000001449

1. Entity Name

SWAN RUN, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 11:14

Principal Place of Business

4721 UNIVERSITY DRIVE
CORAL GABLES FL 33146

Mailing Address

% R & S MGMT CO.
5821 REDDMAN RD
CHARLOTTE NC 28212

2. Principal Place of Business

3. Mailing Address

1981 J.N. PERSE PL

*Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

Charlotte, NC

Zip

Country

28262-4529

Country

USA

AS

1st MOORE

CR2E003 (10/05)

AS

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, LARRY
4721 UNIVERSITY DRIVE
CORAL GABLES FL 33146

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

100074089731

05/08/06--01009--005 **500.00

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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
NAME R.S. GROUP, INC.
STREET ADDRESS 4721 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL GABLES FL 33146

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

LAWRENCE SORRIN 4-6-06 704-548-0226

Date

Daytime Phone #

STAPLE CHECK HERE