

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000995

1. Entity Name
703 SWANN LTD.



Principal Place of Business
**703 SWANN AVENUE
TAMPA, FL 33609**

Mailing Address
**703 SWANN AVENUE
TAMPA, FL 33609**



DO NOT WRITE IN THIS SPACE

01172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3441042

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIERRA, MICHAEL
703 WEST SWANN AVENUE
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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

000001399712
02/01/06-81824-001 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # **504310**
NAME **MICHAEL SIERRA, P.A.**
STREET ADDRESS **703 W. SWANN AVENUE**
CITY-ST-ZIP **TAMPA, FL 33606**

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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

Michael Sierra, P.A.

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Sierra

Date

Daytime Phone #

1/20/06 813/358-3558

STAPLE CHECK HERE