

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A99000001112

1. Entity Name
GEORGIANNA C. SWANSON FAMILY PARTNERSHIP, LTD.



FILED
2004 NOV -3 PM 1:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
**215 N. MAGNOLIA AVENUE
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**P.O. BOX 925
GREEN COVE SPRINGS, FL 32043**

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

08242004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3644521	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWANSON, GEORGIANNA C
215 N. MAGNOLIA AVENUE
GREEN COVE SPRINGS, FL 32043**

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.

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

9. Capital Contributions as Shown on record. \$235,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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	P99000053656 GEORGIANNA C. SWANSON, INC. 215 N. MAGNOLIA AVENUE GREEN COVE SPRINGS, FL 32043	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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REINSTATEMENT 2004

500042131235
12/02/04--01048--020 **526.25

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: Georgiana C. Swanson Aug. 31, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Georgiana C. Swanson

STAPLE CHECK HERE