2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 17, 2006 08:00 AM Secretary of State

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1. Entity Name

GEORGIANNA C. SWANSON FAMILY PARTNERSHIP,



Principal Place of Business

215 N. MAGNOLIA AVENUE GREEN COVE SPRINGS, FL 32043 Mailing Address

P.O. BOX 925

GREEN COVE SPRINGS, FL 32043



DO NOT WRITE IN THIS SPACE

03292006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3644521

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

5. Name and Address of Current Registered Agent

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

DO NOT WRITE

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8. The above	named entity submits this statement for the purpose of changing its	is registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	cept
ma opligat	ions of registered agent.		
SIGNATURE	Signature, typed or printed name of registered agent and title il applicable.		-
	aignations, typed or printed name or registered agent and title in applicable.	OATE	
	FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$90	00.00	•
	NOTE: General Partners MAY NOT be changed on t	NTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.	
12,	GENERAL PARTNER INFORMATION	The state of the s	
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NAME	GEORGIANNA C. SWANSON, INC.	The second secon	_
STREET ADDRESS	215 N. MAGNOLIA AVENUE		
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14. I hereby certify that the information supplied with this fiting 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 Pattner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CHY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAVIE OF SIGNING GENERAL PARTIER

4/12/06

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