

A99000001112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR - 7 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GEorgianna C. Swanson Family Partnership, LTD
(Name of Corporation)

DOCUMENT NUMBER: A 99000001112

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John S. Clardy III

(Name of Contact Person)

Clardy Law Firm PA

(Firm/Company)

243 NE 7th Street

(Address)

Crystal River, FL 34428

(City/State and Zip Code)

For further information concerning this matter, please call:

John/Karen

(Name of Contact Person)

at (352) 795-2946

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2009

JOHN S. CLARDY III
CLARDY LAW FIRM PA
243 NE 7TH STREET
CRYSTAL RIVER, FL 34428

SUBJECT: GEORGIANNA C. SWANSON FAMILY PARTNERSHIP, LTD.
Ref. Number: A99000001112

We have received your document for GEORGIANNA C. SWANSON FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00011821

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Georgianna C. Swanson Family Partnership, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A99000001112

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John S. Clardy III

(Contact Person)

Clardy Law Firm PA

(Firm/Company)

243 NE 7th Street

(Address)

Crystal River, FL 34428

(City, State and Zip Code)

For further information concerning this matter, please call:

John/ Karen

(Name of Contact Person)

at (352) 795-2946

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Georgianna C. Swanson Family Partnership, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 7/9/99 3. A99000001112
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Clardy Law Firm

Name

521 SE Ft. Island Trail

Address

Crystal River, FL 34429

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

John S. Clardy III

Name

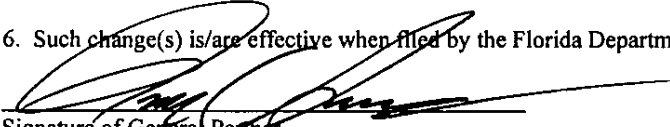
243 NE 7th Street

Florida street address (P.O. Box not acceptable)

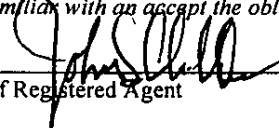
Crystal River FL 34428

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 APR 20 AM 10:56

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