

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000131	
1. Entity Name SPRINGS WINDOW FASHIONS LP	

Principal Place of Business 7549 GRABER ROAD MIDDLETON, WI 53562	Mailing Address P O BOX 111, TAX DEPARTMENT LANCASTER, SC 29721-0111
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03302004 Chg-LP CR2E003 (10/03)

4. FEI Number 58-2585823	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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6. 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 fee is applicable.	DATE
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9. Capital Contributions as Shown on record. \$1,118,675.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,118,675.00
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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
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F01000001912 SWF, INC. 136 GRACE AVENUE LANCASTER, SC 29720	STREET ADDRESS CITY-ST-ZIP	
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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: *Timothy L. Sheple* Vice President/
Assistant Treas. - SWF, Inc. **803/286-2321**

April 2, 2004

STAPLE CHECK HERE