


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
RECEIVED
Apr 18, 2005 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		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1ST MOORE CR2E003 (10/04)

4. FEI Number 58-2585823		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
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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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$1,118,675.00	10. Amount of Capital Contributions in FLORIDA to date. 1,118,675	\$526.25	

**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	F01000001912 SWF, INC. 136 GRACE AVENUE LANCASTER SC 29720	STREET ADDRESS CITY - ST - ZIP	U000000314513 04/18/05-80171-005-526.25
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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. Hersoff* **VICE PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **ASSISTANT TREASURER** **APRIL 8, 2005** **803/286-2321**
Date Daytime Phone #

STAPLE CHECK HERE