

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A92000000258

**Entity Name:** SWEGER FAMILY LIMITED PARTNERSHIP LLLP**Current Principal Place of Business:**3179 THOROUGHbred DR.  
BROOKSVILLE, FL 34602**Current Mailing Address:**3179 THOROUGHbred DR.  
BROOKSVILLE, FL 34602**FEI Number:** 59-3153062**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWEGER, ROBERT L  
3179 THOROUGHbred DR.  
BROOKSVILLE, FL 34602 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**General Partner Detail :**

## Document #

Name BRADY, CRYSTAL  
Address 5306 WINDBRUSH DR.  
City-State-Zip: TAMPA FL 33625

## Document #

Name SWEGER, JOHN BJR  
Address 12104 STEPPINGSTONE BLVD.  
City-State-Zip: TAMPA FL 33635

## Document #

Name SWEGER, ROBERT L  
Address 3179 THOROUGHbred DR.  
City-State-Zip: BROOKSVILLE FL 34602

## Document #

Name SWEGER, CLAY  
Address 1925 NW 27TH ST.  
City-State-Zip: GAINESVILLE FL 32605

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT SWEGER****GENERAL PARTNER****01/31/2023**\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail\_\_\_\_\_  
Date