

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063054

FILED
Apr 10, 2007
Secretary of State

Entity Name: SWAMP BITE FINANCIAL SERVICES, LLC

Current Principal Place of Business:

6604 BRANDEMERE RD N.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6604 BRANDEMERE RD N.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-1533580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMER, NANCY J
6604 BRANDEMERE RD N.
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

PETREY, NANCY H
6604 BRANDEMERE RD N.
JACKSONVILLE, FL 32211 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: NANCY H. PETREY

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOMER, NANCY J
Address: 6604 BRANDEMERE RD N
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PETREY, NANCY H
Address: 6604 BRANDEMERE RD N
City-St-Zip: JACKSONVILLE, FL 32211 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NANCY H PETREY

MGR

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date