


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000104651 1. Entity Name SWAMP FOX #1, LLC |  |
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| Principal Place of Business 19025 S.W. 264TH STREET HOMESTEAD FL 33031 | Mailing Address 19025 S.W. 264TH STREET HOMESTEAD FL 33031 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E083 (10/06)

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|----------------------------------|----------------------------------|------------------------------------|--|
| City & State City & State | City & State City & State | 4. FEI Number 20-3812793 | Applied For <input type="checkbox"/> Not Applicable |
|----------------------------------|----------------------------------|------------------------------------|--|

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| 6. Name and Address of Current Registered Agent SACHER, CHARLES P ESQ 2655 LEJEUNE ROAD, STE. 1101 CORAL GABLES FL 33134 | 7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|-------------------------------------|-----------------------|---|
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAUGHERTY, MICHAEL J SR. | NAME | |
| STREET ADDRESS | 19025 S.W. 264 STREET | STREET ADDRESS | |
| CITY- ST- ZIP | HOMESTEAD FL 33031 | CITY- ST- ZIP | |
| | | | U00000618157 02/08/07-89018-010 50.00 |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAUGHERTY, KAREN A | NAME | |
| STREET ADDRESS | 19025 S.W. 264 STREET | STREET ADDRESS | |
| CITY- ST- ZIP | HOMESTEAD FL 33031 | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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: Michael J. Daugherty MICHAEL J. DAUGHERTY 1-31-07 305-248-8309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #