


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90100 019 \*\*\*138.75

DOCUMENT # L05000104651  
 1. Entity Name  
**SWAMP FOX #1, LLC**



Principal Place of Business      Mailing Address  
 19025 S.W. 264TH STREET      19025 S.W. 264TH STREET  
 HOMESTEAD FL 33031      HOMESTEAD FL 33031

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
**SACHER, CHARLES P ESO**  
**2655 LEJEUNE ROAD, STE. 1101**  
**CORAL GABLES FL 33134**

4. FEI Number      Applied For  
**20-3812793**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

1st MOORE      CR2E083 (10/07)

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 the filer, if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAUGHERTY, MICHAEL J SR. <input type="checkbox"/> Delete 19025 S.W. 264 STREET HOMESTEAD FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAUGHERTY, KAREN A <input type="checkbox"/> Delete 19025 S.W. 264 STREET HOMESTEAD FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*      5-15-08      305-248-8309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Corporate Phone #

ATTACHMENT  
36006977  
# 602000104651

Attention!

**Change of Address**

As of

June 2, 2008

All correspondence for  
Michael & Karen Daugherty  
Mails too:  
70 Calibogue Cay Road  
Hilton Head Island, SC 29928