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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004038

1. Entity Name
GREEN SWAMP LODGE, L.L.C.



Principal Place of Business
1625 GEORGE JENKINS BLVD.
LAKE LAND, FL 33815

Mailing Address
P.O. BOX 3889
LAKE LAND, FL 33802-3889

FILED

07 APR 26 PM 1:38

CLERK OF STATE
TALLAHASSEE, FLORIDA



04202007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
59-2993410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEEKS, RALPH W
1625 GEORGE JENKINS BLVD.
LAKE LAND, FL 33815

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WEEKS, RALPH W
1625 GEORGE JENKINS BLVD.
LAKE LAND, FL 33815

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #