

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004627

FILED
Apr 08, 2007
Secretary of State

Entity Name: SWAMP LINKS, LLC

Current Principal Place of Business:

3583 EMERALD AVE
ST. JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

3583 EMERALD AVE
ST. JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 51-0450591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAF, JENNIFER
3583 EMERALD AVE.
ST JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEAF, JENNIFER J
Address: 3583 EMERALD AVE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: MGRM () Delete
Name: HAND, DENNIS M
Address: 3583 EMERALD AVE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: MGRM () Delete
Name: LEAF, ROBIN D
Address: 5156 E. DAVIES DR
City-St-Zip: LITTLETON, CO 80122

Title: MGRM () Delete
Name: HAND, THOMAS K.
Address: 3452 JULIANN CIRCLE
City-St-Zip: LEXINGTON, KY 40503

Title: MGRM () Delete
Name: HAND, DEBRA C
Address: 3452 JULIANN CIRCLE
City-St-Zip: LEXINGTON, KY 40503

Title: MGRM () Delete
Name: THEWS, TERESA R.
Address: 1766 STANFORD
City-St-Zip: ST. PAUL, MN 55105

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HAND, THOMAS K
Address: 3452 JULIANN CIRCLE
City-St-Zip: LEXINGTON, KY 40503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: THEWS, TERESA R
Address: 1766 STANFORD
City-St-Zip: ST. PAUL, MN 55105

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: JEMNNIFER LEAF

MGRM

04/08/2007

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