# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 09, 2009**
**Secretary of State**

DOCUMENT# L03000004627

**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:**

3583 EMERALD AVE.
ST. JAMES CITY, FL 33956

**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:**

LEAF, JENNIFER
3583 EMERALD AVE.
ST. JAMES CITY, FL 33956 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: JENNIFER J. LEAF 02/09/2009
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: | SCOBIE, PAUL N | |
| Address: | 1766 STANFORD | |
| City-St-Zip: | ST. PAUL, MN 55105 | |
| 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: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify 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: JENNIFER J. LEAF MGRM 02/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date