

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063054

FILED
Apr 04, 2005
Secretary of State

Entity Name: SWAMP BITE FINANCIAL SERVICES, LLC

Current Principal Place of Business:

6604 BRANDEMERE RD N.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6604 BRANDEMERE RD N.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOMER, NANCY J
6604 BRANDEMERE RD N.
JACKSONVILLE, FL 32211 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HOMER, NANCY J
Address: 6604 BRANDEMERE RD N
City-St-Zip: JACKSONVILLE, FL 32211 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY J. HOMER MGR 04/04/2005

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