


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90040 034 ****50.00

DOCUMENT # L04000091409 1. Entity Name SWINGING BRIDGE LIMITED LIABILITY COMPANY	
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Principal Place of Business C/O MOENA A. GRESHAM 800 COUNTRY LANE ORLANDO, FL 32804	Mailing Address C/O MOENA A. GRESHAM 800 COUNTRY LANE ORLANDO, FL 32804
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02242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ELMER, KATRYNA G 4920 LAKE GATLIN WOODS COURT ORLANDO, FL 32806	DO NOT WRITE IN THIS SPACE
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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	MRS. GRESHAM, MOENA A 800 COUNTRY LANE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. GRESHAM, KEITH A 714 LAUREL LANE WYCKOFF, NJ 07481
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS. ELMER, KATRYNA G 4920 LAKE GATLIN WOODS COURT ORLANDO, FL 32806
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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 606, Florida Statutes.

SIGNATURE: Moena A. Gresham 3/17/07 (807) 425-6914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #