

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091409

FILED
Mar 19, 2008
Secretary of State

Entity Name: SWINGING BRIDGE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

C/O MOENA A. GRESHAM
800 COUNTRY LANE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

C/O MOENA A. GRESHAM
800 COUNTRY LANE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 11-3732925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELMER, KATRYNA G
4920 LAKE GATLIN WOODS COURT
ORLANDO, FL 32806 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: MRS. () Delete
Name: GRESHAM, MOENA A
Address: 800 COUNTRY LANE
City-St-Zip: ORLANDO, FL 3804

Title: DR. () Delete
Name: GRESHAM, KEITH A
Address: 714 LAUREL LANE
City-St-Zip: WYCKOFF, NJ 07481

Title: MRS. () Delete
Name: ELMER, KATRYNA G
Address: 4920 LAKE GATLIN WOODS COURT
City-St-Zip: ORLANDO, FL 32806

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:

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: MOENA A. GRESHAM

MRS.

03/19/2008

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