2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L04000091409

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: JACK L. . GRESHAM DR. 04/13/2009

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