

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071670

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BETTER SWAMPS AND GARDENS LLC

**Current Principal Place of Business:**

61 GREENOUGH RD  
SOPCHOPPY, FL 32358

**New Principal Place of Business:**

**Current Mailing Address:**

61 GREENOUGH RD  
SOPCHOPPY, FL 32358

**New Mailing Address:**

FEI Number: 59-3437136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JENKINS-RICE, WINIFRED  
61 GREENOUGH RD  
SOPCHOPPY, FL 32358 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: MGRM ( ) Delete  
Name: BARTHOLOMEW, ANN  
Address: 7 BERTS BRANCH  
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM ( ) Delete  
Name: STURCHIO, CARMEN  
Address: 201 CRESENT MOON TRAIL  
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM ( ) Delete  
Name: JENKINS, RITA J  
Address: 1718 CHAMPIONSHIP BLVD  
City-St-Zip: FRANKLIN, TN 37064

Title: MGRM ( ) Delete  
Name: JENKINS-RICE, WINIFRED  
Address: 61 GREENOUGH RD  
City-St-Zip: SOPCHOPPY, FL 32358

**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:

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: WINIFRED JENKINS-RICE

MGRM

04/30/2008

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