2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007
Secretary of State

DOCUMENT# L06000087884

Entity Name: SWAMP 7, LLC

Current Principal Place of Business:

3414 N.W. 34TH ST.
GAINESVILLE, FL 32605 US

New Principal Place of Business:

13404 NW 36TH AVE
GAINESVILLE, FL 32606 US

Current Mailing Address:

3030 ODESSAA RD.
VENICE, FL 34293

New Mailing Address:

3030 ODESSA ROAD
VENICE, FL 34293

FEI Number: 20-5509486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOUCHE, DAVID
3030 ODESSA ROAD
VENICE, FL 34293 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: FOUCHE, DAVID
Address: 3030 ODESSA ROAD
City-St-Zip: VENICE, FL 34293 US

Title: MGRM ( ) Delete
Name: SCHOSTER, DAVID
Address: 17138 RAVENS ROOST #8
City-St-Zip: FT MYERS, FL 33908 US

Title: MGRM ( ) Delete
Name: BOBO, BRANDON
Address: 2237 LELAND LANE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM ( ) Delete
Name: BAMBRICK, GEROGE
Address: 11195 BARBIZON CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM ( ) Delete
Name: LEHMAN, TIMOTHY
Address: 65 FAIRWAY LANE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM ( ) Delete
Name: HALLER, DOUGLAS
Address: 8109 NE 112TH ST
City-St-Zip: KANSAS CITY, MO 64157 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: SCHOSTER, DAVID
Address: 13404 NW 36TH AVE
City-St-Zip: GAINESVILLE, FL 32606 US

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: DAVID FOUCHE MGRM 08/13/2007

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