2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L06000087884

Entity Name: SWAMP 7, LLC

Current Principal Place of Business:

13404 NW 36TH AVE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

3030 ODESSA ROAD
VENICE, FL 34293

New Mailing Address:

FEI Number: 20-5509486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:	13404 NW 36TH AVE	
City-St-Zip:	GAINESVILLE, FL 32606 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:		( ) 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:		
Title:	MGRM	(X) Change ( ) Addition
Name:	HALLER, DOUGLAS	
Address:	2325 RAINLY LAKE ST	
City-St-Zip:	WAKE FOREST, NC 27587 US	

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 03/23/2009

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