

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026556

FILED
Apr 10, 2009
Secretary of State

Entity Name: KISSIMMEE SWAMP TOURS, LLC

Current Principal Place of Business:

4500 JOE OVERSTREET RD.
KENANSVILLE, FL 34739

New Principal Place of Business:

Current Mailing Address:

4500 JOE OVERSTREET RD.
KENANSVILLE, FL 34739

New Mailing Address:

FEI Number: 20-8607617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURCHIE, ROBERT J
4500 JOE OVERSTREET RD.
KENANSVILLE, FL 34739 US

Name and Address of New Registered Agent:

MURCHIE, DEBORAH K
4500 JOE OVERSTREET RD.
KENANSVILLE, FL 34739 US

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: DEBORAH K MURCHIE

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MURCHIE, ROBERT J
Address: 4500 JOE OVERSTREET
City-St-Zip: KENANSVILLE, FL 34739

Title: MEM. () Delete
Name: MURCHIE, DEBORAH K MEMBER
Address: 4500 JOE OVERSTREET RD.
City-St-Zip: KENANSVILLE, FL 34739

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MURCHIE, ROBERT J
Address: 4500 JOE OVERSTREET
City-St-Zip: KENANSVILLE, FL 34739

Title: MGR (X) Change () Addition
Name: MURCHIE, DEBORAH K MEMBER
Address: 4500 JOE OVERSTREET RD.
City-St-Zip: KENANSVILLE, FL 34739

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: DEBORAH K MURCHIE

MGR

04/10/2009

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