

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043234

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** S. MORRIS SWOPE CONSTRUCTION COMPANY, LLC

**Current Principal Place of Business:**

202 GREENCASTLE AVE  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

202 GREENCASTLE AVE  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

**FEI Number:** 26-0462518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SWOPE, S. MORRIS  
202 GREENCASTLE AVE  
TEMPLE TERRACE, FL 33617 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: MGR ( ) Delete  
Name: SWOPE, S. MORRIS  
Address: 202 GREENCASTLE AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: MGR ( ) Delete  
Name: SWOPE, ANNETTE  
Address: 202 GREENCASTLE AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

**ADDITIONS/CHANGES:**

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: MORRIS SWOPE

PRES

01/29/2009

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