

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004522

FILED
Jan 15, 2005
Secretary of State

Entity Name: THE SWAMP, L.L.C.

Current Principal Place of Business:

1450 MIRACLE STRET PKWY
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5497
DESTIN, FL 32540

New Mailing Address:

FEI Number: 59-3617323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONEZZI, ROBERT A
1221 AIRPORT RD STE 207
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

BONEZZI, ROBERT A
988 AIRPORT ROAD
DESTIN, FL 32541 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: ROBERT A BONEZZI

01/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BONEZZI, ROBERT A
Address: 1221 AIRPORT RD STE 209
City-St-Zip: DESTIN, FL 32541

Title: MEM () Delete
Name: LAIRD, HUBERT A
Address: P.O. BOX 1715
City-St-Zip: DESTIN, FL 32540

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BONEZZI, ROBERT A
Address: 988 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: LAIRD, HUBERT A
Address: P.O. BOX 1715
City-St-Zip: DESTIN, FL 32540

Title: MGR () Change (X) Addition
Name: RAUSCH, RICHARD R
Address: 988 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541

Title: MGR () Change (X) Addition
Name: MALAS, MOHANNAD
Address: 988 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32540

Title: MGR () Change (X) Addition
Name: TOLBERT, FRED
Address: 988 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACQUELINE ELY

ACCT

01/15/2005

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