

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004522

FILED
Apr 18, 2009
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
988 AIRPORT ROAD
DESTIN, FL 32541 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: BONEZZI, ROBERT A
Address: 988 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541

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

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

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

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:

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: ROBERTA BONEZZI

MGRM

04/18/2009

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