

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000004522

**FILED**  
**Mar 25, 2010**  
**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  
**Name:** BONEZZI, ROBERT A  
**Address:** 988 AIRPORT ROAD  
**City-St-Zip:** DESTIN, FL 32541

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

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

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

I hereby 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:** ROBERT A. BONEZZI

MGRM

03/25/2010

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