

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054631

**FILED**  
**Apr 13, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA EXCHANGE 2004, LLC

**Current Principal Place of Business:**

1900 N.W. CORPORATE BLVD., SUITE 201-E  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1900 N.W. CORPORATE BLVD., SUITE 201-E  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 20-0590740      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROGER M. POMERANCE, P.A.  
1900 N.W. CORPORATE BLVD., SUITE 201-E  
BOCA RATON, FL 33431 US

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

ROGER M. POMERANCE, P.A.  
1900 N.W. CORPORATE BLVD.  
SUITE 201 E EAST BUILDING  
BOCA RATON, FL 33431 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/13/2007

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FEC SERVICES, LLC,  
Address: 1900 N.W. CORPORATE BLVD., SUITE 201-E  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FEC MANAGEMENT SERVI, CES, INC.  
Address: 1900 N.W. CORPORATE BLVD., SUITE 201-E  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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: ROGER M POMERANCE, PRESIDENT OF MGR

MGR

04/13/2007

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