

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JUN 21 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000063892

1. Entity Name
400 EXCHANGE, LLC

Principal Place of Business
201 SOUTH MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301

Mailing Address
P.O. BOX 1351
TALLAHASSEE, FL 32302

BK



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06192007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8073779

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWELL, JEFFREY S
201 SOUTH MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME PHIPPS, BENJAMIN K
STREET ADDRESS P.O. BOX 1351
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE Change Addition
NAME
STREET ADDRESS **600104743066**
CITY-ST-ZIP **06/22/07--01040--014 **50.00**

TITLE MGRM Delete
NAME HOWELL, JEFFREY S
STREET ADDRESS P.O. BOX 1351
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **BENJAMIN K. PHIPPS** 19 June 2007 850-222-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #