

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092753

FILED
Apr 27, 2007
Secretary of State

Entity Name: FXI LC

Current Principal Place of Business:

835 28TH AVE N
ST. PETERSBURG, FL 33704

New Principal Place of Business:

1810 CYPRESS TRACE SOUTH
SAFETY HARBOR, FL 34695

Current Mailing Address:

835 28TH AVE N
ST. PETERSBURG, FL 33704

New Mailing Address:

1810 CYPRESS TRACE SOUTH
SAFETY HARBOR, FL 34695

FEI Number: 20-5580247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERSON, DAN A
835 28TH AVE N
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

PIERSON, DAN A
1810 CYPRESS TRACE SOUTH
SAFETY HARBOR, FL 34695 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: DAN PIERSON

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIERSON, DANIEL A
Address: 835 28TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGR (X) Delete
Name: PIERSON, DAN A
Address: 835 28TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PIERSON, DANIEL A
Address: 1810 CYPRESS TRACE SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

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: DAN PIERSON

MRG

04/27/2007

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