

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088242

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** CAG MANAGER EXCHANGE H649, LLC

**Current Principal Place of Business:**

2403 RIVER TREE CIRCLE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

2403 RIVER TREE CIRCLE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CAG MANAGER EXCHANGE, LLC  
2403 RIVER TREE CIRCLE  
SANFORD, FL 32771    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: MGR  
Name: GIOVANNETTI, PAUL  
Address: 2403 RIVER TREE CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

Title: MGR  
Name: COLON, SCOTT  
Address: 2403 RIVER TREE CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

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: SCOTT COLON

MGR

04/22/2011

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