

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009232**

1. Entity Name

INTERCHANGE CENTER INVESTORS, L.L.C.

FILED

01 JUL 24 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**C/O STEVE SWAN
3001 N. ROCKY POINT DRIVE, EAST SUITE 200
TAMPA FL 33607**

**%TRIAD INVESTORS, INC.
300 S. ORANGE AVE., SUITE 1000
ORLANDO FL 32801-3373**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**40 Triad Investors, Inc.
Suite, Apt. #, etc.
300 S. Orange Ave #1000**

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL.

4. FEI Number

59-3614298

Applied For

Not Applicable

Zip

Country

Zip

Country

32801

U.S.A.

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

**700004509867--3
-07/31/01--01066--019
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR**
STREET ADDRESS **AB INTERCHANGE, INC.**
CITY-ST-ZIP **225 EAST REDWOOD STREET
BALTIMORE MD 21202**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

LAUCHAN BOYCE PAUDTIF BRYAN

(407) 481-0506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE