


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000009232
 1. Entity Name
 INTERCHANGE CENTER INVESTORS, L.L.C.



Principal Place of Business Mailing Address
 6355 METROWEST BLVD 300 E. LOMBARD ST STE 1200
 STE 330 BALTIMORE, MD 21202
 ORLANDO, FL 32835



DO NOT WRITE IN THIS SPACE

04122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3614298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIARD, JAMES G
 300 SOUTH ORANGE AVENUE, SUITE 1000
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AB INTERCHANGE, INC. 300 E. LOMBARD ST STE 1200 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRIAD INVESTORS, INC. 300 E. LOMBARD ST STE 1200 BALTIMORE, MD 21202
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 04-16/05-80072-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Timothy M. Gisner Date: 4/12/05 Daytime Phone #: 410.727.4083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Timothy M. Gisner