

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009232

FILED
Apr 11, 2008
Secretary of State

Entity Name: INTERCHANGE CENTER INVESTORS, L.L.C.

Current Principal Place of Business:

6355 METROWEST BLVD
STE 330
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

300 E. LOMBARD ST STE 1200
BALTIMORE, MD 21202

New Mailing Address:

FEI Number: 59-3614298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIARD, JAMES G
300 SOUTH ORANGE AVENUE, SUITE 1000
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE AVENUE
PLANTATION, FL 33324 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: BONNIE A. SCHUMAN

04/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AB INTERCHANGE, INC.,
Address: 300 E. LOMBARD ST STE 1200
City-St-Zip: BALTIMORE, MD 21202

Title: MGR () Delete
Name: TRIAD INVESTORS, INC.,
Address: 300 E. LOMBARD ST STE 1200
City-St-Zip: BALTIMORE, MD 21202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: TRIAD INVESTORS, INC.,
Address: 6355 METRO WEST BLVD, STE 330
City-St-Zip: ORLANDO, FL 32835

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: DAVID E. WOLFE

AS

04/11/2008

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