

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90126 049 ****50.00

DOCUMENT # L99000009232

1. Entity Name

INTERCHANGE CENTER INVESTORS, L.L.C.



Principal Place of Business

C/O TRIAD INVESTORS, INC.
300 S. ORANGE AVE., #1000
ORLANDO FL 32801

Mailing Address

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

2. Principal Place of Business

6355 MetroWest Blvd

Suite, Apt. #, etc.

Suite 330

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Address

225 East Redwood Street

Suite, Apt. #, etc.

City & State

Baltimore, MD

Zip

21202

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3614298**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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10. ADDITIONS/CHANGES

TITLE Change Addition
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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:

[Signature]

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

4/14/03

Date

410.727.4083

Daytime Phone #

CR2E083 (10/02)