

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-28-2004 90080 006 ****50.00

DOCUMENT # L03000054847	
1. Entity Name EXCHANGE REALTY, LLC	

Principal Place of Business 11 NE RACETRACK ROAD SUITE B3 FORT WALTON BEACH, FL 32547	Mailing Address 11 NE RACETRACK ROAD SUITE B3 FORT WALTON BEACH, FL 32547
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2. Principal Place of Business 151 Regions Way Suite, Apt. #, etc. Suite 3-D	3. Mailing Address 409 E Johnsons Pkwy Suite, Apt. #, etc. 3
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City & State Destin FL	City & State Nienville FL
Zip 32541	Zip 32578
Country Oklahoma	Country Oklahoma

03232004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0504544	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CHESSER, MICHAEL 1201 EGLIN PARKWAY SHALIMAR, FL 32579	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUSTAFSON, ANDREW W 11 NE RACETRACK ROAD, SUITE B3 FORT WALTON BEACH, FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURST, GAYLE 1270 EGLIN PARKWAY SHALIMAR, FL 32579 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **4/23/04 (850) 724-9193**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #