2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L07000040536

1. Entity Name



FILED Jan 15, 2008 8:00 am Secretary of State 01-15-2008 90017 020 ***138.75

AILASE	XCHANGE, LLC		V.	50						
Principal Place of Business 4079 BURNING TREE DRVIE DESTIN, FL 32541		Mailing Acdress 4079 BURNING TREE DRVIE DESTIN, FL 32541		t + 4.0 014 0 11 0	91 EBNU 18311 BBN BBN	a u ni a c en c uril a	ICKA I ALIKA ILUK RE	:(0.0 (21) 25.02		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112008	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State			4. FEI Numb	26 - 059	4728		oplied For of Applicable	
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	: 📮	\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of Nev	v Registered	Agent		
CHOTAGOON, ANDREWAYA				Name						
	ON, ANDREW W NING TREE DRIVE FL 32541	Street Acc		dress (f	P.O. Box Numb	per is Not Accepta	ble)			
			City				FI	Zip Cod	<u> </u>	
	e named entity submits this statement to tions of registered agent.	r the purpose of changing its re	gistered office or r	egister	ed agent, or bo	oth, in the State of	Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE) is	legistered Agent signaturi	e required	when reinstating)		DATE			
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75						ake check ida Departr	payable to nent of Stat	e	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITION	IS/CHANGE	S		
TITLE	MGRM	☐ Delete	TITLE					Change	Addition 🔲	
NAME STREET ADDRESS	GUSTAFSON, ANDREW W		NAME							
CITY-ST-7IP	4079 BURNING TREE DRIVE DESTIN, FL 32541		STREET ADDRESS OUTY-ST-ZIP							
TITLE	DESTIN, 12 323-1	Ппи	 					Change	D Addition	
NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	j		STREET ADDRESS							
CITY ST-7(P	i		CITY-ST 7IP							
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NAME			NAME						_	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST 7IP			7,4-4,2,000				
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME GENERAL LONDON			NAME							
STREET ADDRESS		1	STREET ADDRESS CITY_ST-ZIP							
TITLE		☐ Delete	71745					☐ Change		
NAME		□1 Oelete	NAME					☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-7IP			CITY ST 7IP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-7IP	l .		CITY ST-7IP							

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CICKIATURE.

ander W. Bustafe,

1-11-08