


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000014443</b>	
<b>1. Entity Name</b> EXCHANGE BUILDING GP, LLC	

<b>Principal Place of Business</b> 201 S. MONROE 201 TALLAHASSEE FL 32301	<b>Mailing Address</b> 201 S. MONROE 201 TALLAHASSEE FL 32301
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

<b>4. FEI Number</b> NO-T APPLICABLE	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
ROBERTS, PAT 201 S. MONROE 201 TALLAHASSEE FL 32301	

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent Signature required when restoring) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>	U000000920939 05/14/08-80064-004 638.75
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<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> ROBERTS, PAT 201 S. MONROE ST, S.201 TALLAHASSEE FL 32301	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.**

**SIGNATURE:**  **4-22-08 650 681-6444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Digitized By