

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005580

**Entity Name:** 1031 REVERSE EXCHANGE COMPANY LLC

**Current Principal Place of Business:**

1520 ROYAL PALM SQ. BLVD.  
#320  
FORT MYERS, FL 33919

**Current Mailing Address:**

1520 ROYAL PALM SQ. BLVD.  
#320  
FORT MYERS, FL 33919

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ISLAND FINANCIAL SERVICES, INC  
1520 ROYAL PALM SQ. BLVD.  
320  
FORT MYERS, FL 33919 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ISLAND FINANCIAL SERVICES, INC.  
Address 1520 ROYAL PALM SQ. BLVD. SUITE  
320  
City-State-Zip: FORT MYERS FL 33919

Title MGR  
Name OWENS, DAVID A  
Address 1520 ROYAL PALM SQ. BLVD SUITE  
320  
City-State-Zip: FORT MYERS FL 33919

Title MGR  
Name KNOWER, THERESA  
Address 1520 ROYAL PALM SQ. BLVD. SUITE  
320  
City-State-Zip: FORT MYERS FL 33919

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THERESA KNOWER

**MANAGER**

**02/27/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date