


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # A22683 1. Entity Name INTERCHANGE RESORTS ASSOCIATES, LTD.	
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Principal Place of Business 111 W. FORTUNE ST. TAMPA, FL 33602	Mailing Address 111 W. FORTUNE ST. TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2357777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALLEN, DAVID H. 111 W. FORTUNE ST. TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

0000000047399
06/02/08 00012 015 500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	CALLEN, ROBIN A.
STREET ADDRESS	111 W. FORTUNE ST.
CITY - ST - ZIP	TAMPA, FL
DOCUMENT #	
NAME	CALLEN, DAVID H.
STREET ADDRESS	8870 N. HIMES AVE, #242
CITY - ST - ZIP	TAMPA, FL 33614
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

14. I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/08

Date

(813) 229-6686

Daytime Phone #

STAPLE CHECK HERE