


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000642
 1. Entity Name
 REVERSE EXCHANGE, LLC



Principal Place of Business 1680 FRUITVILLE ROAD SUITE 102 SARASOTA, FL 34236	Mailing Address 1680 FRUITVILLE ROAD SUITE 102 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE

01192005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1070104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVIN, JEROME S
 1680 FRUITVILLE ROAD
 SARASOTA, FL 34236

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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 reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by May 1, 2005**

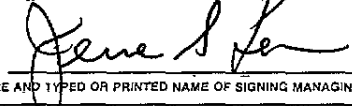
U00000273835
 03/23/05-80043-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVIN, JEROME S 1680 FRUITVILLE RD., STE 102 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GATES, CHAD L 1680 FRUITVILLE RD., STE 102 SARASOTA, FL 34236
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____