

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005580

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4560 VIA ROYALE #1  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

4560 VIA ROYALE #1  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ISLAND FINANCIAL SERVICES, INC  
4560 VIA ROYALE #1  
FORT MYERS, FL 33919 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ISLAND FINANCIAL SERVICES, INC.  
Address: 4560 VIA ROYALE #1  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR  
Name: OWENS, DAVID A  
Address: 4560 VIA ROYALE #1  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR  
Name: KNOWER, THERESA  
Address: 4560 VIA ROYALE #1  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** DAVID A OWENS

MGR

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date