

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007635

FILED
Jul 06, 2006
Secretary of State

Entity Name: EXCHANGE INTERMEDIARY SERVICES L.L.C.

Current Principal Place of Business:

ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-1197594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AKEL, EDWARD C
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE, FL 32202 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLBROOK, AKEL, COLD, , STIEFEL & RA Y , P.A
Address: ONE INDEPENDENT DR., SUITE 2301
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDWARD C. AKEL

MGR

07/06/2006

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