

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000147

**FILED**  
**Apr 26, 2004**  
**Secretary of State**

**Entity Name:** EXCHANGE PROFESSIONALS DELTA, LLC

**Current Principal Place of Business:**

4700 N. TAMIAMI TRAIL, SUITE #1  
NAPLES, FL 34103

**New Principal Place of Business:**

4700 N. TAMIAMI TRAIL, SUITE #6  
NAPLES, FL 34103

**Current Mailing Address:**

4700 N. TAMIAMI TRAIL, SUITE #1  
NAPLES, FL 34103

**New Mailing Address:**

P.O. BOX 770850  
NAPLES, FL 34107

**FEI Number:** 02-0656147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATTHEWS, BETTYE J CPA  
4700 N. TAMIAMI TRAIL, SUITE #1  
NAPLES, FL 34103 US

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

1031 ACCOMODATORS, LLC  
4700 TAMIAMI TRAIL N. SUITE #6  
NAPLES, FL 34103 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: MARK E. NICHOLS

04/26/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FLORIDA REAL ESTATE, EXCHANGE CONNE C TION  
Address: 4700 N. TAMIAMI TRAIL, SUITE #1  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: 1031 ACCOMODATORS, L, LC  
Address: 4700 N. TAMIAMI TRAIL, SUITE #6  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK NICHOLS

MGR

04/26/2004

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