## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000148

Entity Name: REVERSE EXCHANGE PROFESSIONALS ALPHA, LLC

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4700 N. TAMIAMI TRAIL, SUITE #1 4700 N. TAMIAMI TRAIL, SUITE #6

NAPLES, FL 34103 NAPLES, FL 34103

Current Mailing Address: New Mailing Address:

4700 N. TAMIAMI TRAIL, SUITE #1 P.O. BOX 770850 NAPLES, FL 34103 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: Name and Address of New Registered Agent:

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

1031 ACCOMODATORS L.L.C.
4700 N. TAMIAMI TRAIL, 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: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: FLORIDA REAL ESTATE, EXCHANGE CONNE C TION Name: 1031 ACCOMODATORS,
Address: 4700 N. TAMIAMI TRAIL, SUITE #1 Address: 4700 N. TAMIAMI TRAIL, SUITE #6

City-St-Zip: NAPLES, FL 34103 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 E. NICHOLS MGR 04/26/2004