2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# L02000000148

Entity Name: REVERSE EXCHANGE PROFESSIONALS ALPHA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

2335 TAMIAMI TR. N.
SUITE #402
NAPLES, FL 34103

Current Mailing Address:

P.O. BOX 770850
NAPLES, FL 34107

New Mailing Address:

2335 TAMIAMI TR. N.
SUITE #402
NAPLES, FL 34103

FEI Number: 02-0656147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

1031 ACCOMODATORS L.L.C.
4700 N. TAMIAMI TRAIL, SUITE #6
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

1031 ACCOMODATORS L.L.C.
2335 TAMIAMI TR. N.
SUITE #402
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 04/20/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: 1031 ACCOMODATORS,
Address: 2335 TAMIAMI TR. N. SUITE #402
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 MR. 04/20/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date