2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006980

1. Entity Name

PRINCETON (SIX) EXCHANGE ACCOMODATORS, LLC

FILED

03 JUN 23 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

003217

Principal Place of Business	Mailing Address
230 JOHN KNOX ROAD, SUITE TWO TALLAHASSEE FL 32303	230 JOHN KNOX ROAD, SUITE TWO TALLAHASSEE FL 32303

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 04-3631488 Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAY, ARTHUR C 230 JOHN KNOX ROAD, SUITE TWO TALLAHASSEE FL 32303	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE Maneger NAME Arthur C. Gay STREET ADDRESS CITY-ST-ZIP 230 John Knox Rd, Tal, FL 32303		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 05/06/03---01001---002 **1170.00		☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _Signature Required_ Arthur C. Gay 5/02/03 850/386-8625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #