

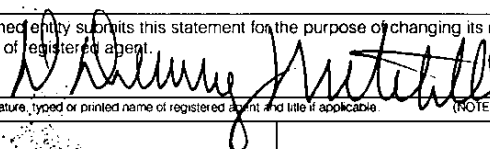
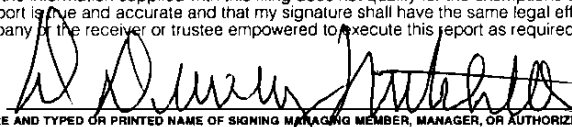


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90140 025 \*\*\*\*50.00

<b>DOCUMENT # L02000030604</b> 1. Entity Name <b>AJDP EXCHANGE PROPERTY I, LLC</b>																																					
Principal Place of Business <b>4532 U.S. HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652</b>				Mailing Address <b>4532 U.S. HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652</b>																																	
2. Principal Place of Business <b>7916 Evolutions Way</b> Suite, Apt. #, etc. <b>Suite 106</b>		3. Mailing Address <b>7916 Evolutions Way</b> Suite, Apt. #, etc. <b>Suite 106</b>																																			
City & State <b>Trinity, FL</b>		City & State <b>Trinity, FL</b>		4. FEI Number <b>36-4512763</b>																																	
Zip <b>34655</b>		Country <b>PASCO</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>MITCHELL, D. DEWEY 4532 U.S. HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652</b>				7. Name and Address of New Registered Agent Name <b>Mitchell, D. DEWEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>7916 Evolutions Way</b> <b>Suite 106</b> City <b>Trinity</b> <b>FL</b> Zip Code <b>34655</b>																																	
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  <b>D. Dewey Mitchell</b> <b>2-10-06</b> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>T MITCHELL, DEWEY 4532 U.S. HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652</b> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T MITCHELL, DEWEY 4532 U.S. HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652</b> <input checked="" type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>T Mitchell, DEWEY 7916 Evolutions Way, Suite 106 Trinity, FL 34655</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T Mitchell, DEWEY 7916 Evolutions Way, Suite 106 Trinity, FL 34655</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T MITCHELL, DEWEY 4532 U.S. HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652</b> <input checked="" type="checkbox"/> Delete																																				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T Mitchell, DEWEY 7916 Evolutions Way, Suite 106 Trinity, FL 34655</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. <b>SIGNATURE:</b>  <b>D. Dewey Mitchell</b> <b>2-10-06</b> <b>727-569-2332</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																					