2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # L02000030621 1. Entity Name DJM EXCHANGE PROPERTY I, LLC 🗼 🐔 🗂 Mailing Address Principal Place of Business 4532 U.S. HIGHWAY 19, 2ND FLOOR 4532 U.S. HIGHWAY 19, 2ND FLOOR **NEW PORT RICHEY, FL 34652** NEW PORT RICHEY, FL 34652 CR2E083 (10/03) 01042005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 36-4512764 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITCHELL, DEWEY DO NOT WRITE 4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652 IN THIS SPACE 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, typed or printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE NAME MITCHELL, DEWEY D 4532 U.S HIGHWAY 19 2ND FLOOR STREET ADDRESS U00000304575 /14/05-80049-012 50.00 NEW PORT RICHEY, FL 34652 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

D. DEWEY

ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE