


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

<b>DOCUMENT # L02000030941</b> 1. Entity Name <b>CJM PAPPAS EXCHANGE PROPERTY, LLC</b>	
--	---

Principal Place of Business	Mailing Address
4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652	4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652

2. Principal Place of Business 7916 Evolutions Way	3. Mailing Address 7916 Evolutions Way
Suite, Apt. #, etc. Suite 106	Suite, Apt. #, etc. Suite 106

City & State <u>Trinity, Florida</u>		City & State <u>Trinity, Florida</u>	
Zip <u>34655</u>	Country <u>PASCO</u>	Zip <u>34655</u>	Country <u>PASCO</u>

[illegible]

02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1639596	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		Name
MITCHELL, D. DEWEY 4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652		Mitche
		Street Address
		70
		Suite
		City
		TRIN

7. Name and Address of New Registered Agent

he/H, D. DEWEY  
P.O. Box Number is Not Acceptable)  
16 Evolution 3 Way  
106  
FL Zip Code 34655

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 D. Dewey Mitchell 2-10-06  
Signature, typed or printed name of registered agent (delete if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR MITCHELL, D.DEWEY 4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR Mitchell, D. Dewey 7916 Evolutions way, Suite 106 Trinity, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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.

SIGNATURE: D. Dewey Mitchell 2-10-06 727-569-2332  
SIGNATURE AND TYPE OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #