

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044424

FILED
Apr 25, 2005
Secretary of State

Entity Name: FLORIDA PROPERTY EXCHANGE, LLC

Current Principal Place of Business:

509 HARRISON AVE.
STE 204
PANAMA CITY, FL 32401 US

New Principal Place of Business:

1007 JENKS AVE.
PANAMA CITY, FL 32401 US

Current Mailing Address:

509 HARRISON AVE.
STE 204
PANAMA CITY, FL 32401 US

New Mailing Address:

1007 JENKS AVE.
PANAMA CITY, FL 32401 US

FEI Number: 20-0417802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMM, W. GERALD
LEDMAN, HAMM & LORD, P.A.
1007 JENKS AVE.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HAMM, MARJORIE R
Address: 509 HARRISON AVE., STE. 204
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: HAMLIN, LISA L
Address: 509 HARRISON AVE., STE. 204
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAMM, MARJORIE R
Address: 1007 JENKS AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM (X) Change () Addition
Name: HAMLIN, LISA L
Address: 1007 JENKS AVE.
City-St-Zip: PANAMA CITY, FL 32401

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: MARJORIE R HAMM

MGRM

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date