2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State
04-28-2004 90080 007 ****50.00

DOCUMENT # L03000055277

1. Entity Name
EXCHANGE REALTY I, LLC

Principal Place of Business	Mailing Address
11 NE RACETRACK ROAD SUITE B3 FORT WALTON BEACH, FL 32547	11 NE RACETRACK ROAD SUITE B3 FORT WALTON BEACH, FL 32547

2. Principal Place of Business	3. Mailing Address
151 Regions Way	409 E Johnsins
Suite, Apt. #, etc.: Suite 3-D	Suite, Apt. #, etc.:
City & State: Destin FL	City & State: Niceville FL
Zip: 32541 Country: Okaloosa	Zip: 32578 Country: Okaloosa

03232004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-0519339 — 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
CHESSER, MICHAEL 1201 EGLIN PARKWAY SHALIMAR, FL 32579	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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete GUSTAFSON, ANDREW W 11 NE RACETRACK ROAD, SUITE BC FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 151 REGIONS WAY, STE 3-D DESTIN, FLORIDA 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete HURST, GAYLE 1270 EGLIN PARKWAY SHALIMAR, FL 32579	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: G L Hurst 4/23/04 (850) 729-5153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #