2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # L04000005559** 1. Entity Name 121 XCHANGE LLC 08 MAY 13 AM 8: 16 Principal Place of Business Mailing Address 617 N 21ST AVENUE 2665 S BAYSHORE DRIVE HOLLYWOOD, FL 33020 **SUITE 703** MAIMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-0812717 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLANSKY, MITCHELL S ESQ Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 City 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 FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change : ■ Addition ARGUETTY ASSET MANAGEMENT, INC. NAME NAME 000128803650 STREET ADDRESS 617 N 21ST AVENUE STREET ADDRESS 05/08/08--01014--016 **1971.25 CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE Change ☐ Addition CONEXION, INC. NAME NAME STREET ADDRESS 1451 SOUTH MIAMI AVENUE, UNIT #2004 STREET ADDRESS MIAMI, FL 33130 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 accordate 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 of the company of the receiver of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver of the limited liability company of the liability of the liability of the liability company of the liability of the liabili

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE AND TYPED OR PR

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