

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008734

Entity Name: EXIT STRATEGIES, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

100 S. ASHLEY DR.
SUITE 890
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 S. ASHLEY DR.
SUITE 890
TAMPA, FL 33602

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOOROJIAN, RAYMOND G
17735 LAKE KEY DR.
ODESSA, FL 33556 US

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/MANAGERS:

Title: MGR () Delete
Name: BOOROJIAN, RAYMOND G
Address: 100 S. ASHLEY DR.
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: HARKINS, GERRY P
Address: 100 S. ASHLEY DR.
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOOROJIAN, RAYMOND G
Address: 100 S. ASHLEY DR., SUITE 890
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change () Addition
Name: HARKINS, GERRY P
Address: 100 S. ASHLEY DR., SUITE 890
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RAYMOND G. BOOROJIAN

MGR

05/01/2006

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