

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021584

Entity Name: MUTUAL-EXCHANGE, LLC

FILED
Feb 23, 2007
Secretary of State

Current Principal Place of Business:

670 N. ORLANDO AVENUE
SUITE 202
MAITLAND, FL 32751

New Principal Place of Business:

341 NORTH MAITLAND AVENUE
SUITE 290
MAITLAND, FL 32751

Current Mailing Address:

P.O. BOX 947507
MAITLAND, FL 32794

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAELS, ALLAN M
670 N. ORLANDO AVENUE
STE 202
MAITLAND, FL FL US

Name and Address of New Registered Agent:

MICHAELS, ALLAN M
341 NORTH MAITLAND AVENUE
SUITE 290
MAITLAND, FL FL 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: ALLAN M. MICHAELS

02/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARMSTRONG, MILTON M
Address: 710 MOJAVE TRAIL
City-St-Zip: MAITLAND, FL 327513838

Title: MGRM () Delete
Name: MICHAELS, ALLAN M
Address: 670 N. ORLANDO AVENUE, STE 202
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MICHAELS, ALLAN M
Address: 341 N. MAITLAND AVE, STE 290
City-St-Zip: MAITLAND, FL 32751

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: ALLAN M MICHAELS

MGMB

02/23/2007

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