## FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90027 003 \*\*\*\*50.00

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000032716  1. Entity Name 1-75 INTERCHANGE, LLC											
Principal Place of Business 12800 UNIVERSITY DR STE 350 FORT MYERS, FL 33907 US			STE 350	12800 UNIVERSITY DR		 	II BEST BIDII BEST EENI DRIS	II <b>dripa</b> firi <b>d</b> fra	11 1 <b>1   11   1</b>		
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt, #, etc.			Chg-LLC	CR2E08	33 (11/05)		
City & State			City & State	City & State			per 59320		<u> </u>	plied For t Applicable	
Zip	Country		Zip	Zip Count			e of Status Desired		55.00 Add	litional	
		and Address of Currer		<u>'</u> -	Name	7. Name an	d Address of New R	egistered A	gent		
TRUXTON	I, BOLANI	<del>03 P.A.</del> < F	lease fix	ase fire L		Bolanos Truxton, PA Street Address (P.O. Box Number is Not Acceptable)					
STE 350			J		Street Address (I	P.O. BOX NUM	per is Not Acceptable	<del>"</del>			
FORT MY	ERS, FL	33907 -					<del></del>		1 == ^ -		
		<u> </u>			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, typed	or printed name of redistered age	ant and title if applicable, (NOT	E: Registere	d Agent signature required	when reinstating)		DATE			
		is \$50.00 y 1, 2006						e check pa Departme		•	
9,			BERS/MANAGERS	10.			ADDITIONS/	CHANGES			
NAME STREET ADDRESS	MGR TASMAN 6627 DAN	VIEL CT	☐ Delete		EET ADDRESS				Change	Addition	
CITY-ST-ZIP	FORTINIT	/ERS, FL 33908	☐ Delete	TITL	- ST- ZIP				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					E EET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Celete		E ET ADDRESS				Change	☐ Addition	
TITLE NAME			☐ Delete	TITLE	l l	<u> </u>			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				CITY	ET ADORESS -ST-ZIP	··-··					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAM STRE	=			<u>.                                    </u>	☐ Change	Addition	
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 activities 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 readily or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE:  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Designature  D											