


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90057 031 \*\*\*\*50.00

<b>DOCUMENT # L04000054025</b>	
<b>1. Entity Name</b> WIREGRASS EXCHANGE ACCOMODATORS, LLC	

<b>Principal Place of Business</b> 2019 CENTRE POINTE BLVD., BLDG. #102 TALLAHASSEE, FL 32308	<b>Mailing Address</b> 2019 CENTRE POINTE BLVD., BLDG. #102 TALLAHASSEE, FL 32308
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> P.O. Box 13573
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Tallahassee, FL	<b>4. FEI Number</b> 56-2472588	<b>Applied For</b> Not Applicable
<b>Zip</b> 32317	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>



04282006 Chg-LLC CR2E083 (11/05)

<b>6. Name and Address of Current Registered Agent</b> CRAWFORD, ROGER S 2019 CENTRE POINTE BLVD., BLDG. #102 TALLAHASSEE, FL 32308	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D CRAWFORD, ROGER S	P.O. BOX 13573	TALLAHASSEE, FL 32317	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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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 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:** *Roger S. Crawford* **4/28/06 (850) 886-1661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #