2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 01, 2007 8:00 am
Secretary of State
05-01-2007 90324 039 ***150.00

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1. Entity Name
WIREGRASS EXCHANGE ACCOMODATORS, LLC

Principal Place of Business	Mailing Address
2019 CENTRE POINTE BLVD., BLDG. #102 TALLAHASSEE, FL 32308	PO BOX 13573 TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2016 Ted Hines Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State
Zip: 32308 Country: USA	Zip Country

4. FEI Number 56-2472588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAWFORD, ROGER S 2019 CENTRE POINTE BLVD., BLDG. #102 TALLAHASSEE, FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, ROGER S		NAME		
STREET ADDRESS	P.O. BOX 13573		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32317		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			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4/30/07 (850) 309-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Roger S. Crawford