

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085574

**FILED**  
**Mar 22, 2005**  
**Secretary of State**

**Entity Name:** REVERSE EXCHANGE HOLDING COMPANY 101, LLC

**Current Principal Place of Business:**

695 TARPON BAY ROAD  
SUITE 5  
SANIBEL, FL 33957

**New Principal Place of Business:**

12853 BANYAN CREEK DRIVE  
FORT MYERS, FL 33908

**Current Mailing Address:**

695 TARPON BAY ROAD  
SUITE 5  
SANIBEL, FL 33957

**New Mailing Address:**

12853 BANYAN CREEK DRIVE  
FORT MYERS, FL 33908

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWENS, DAVID A  
695 TARPON BAY ROAD  
SUITE 5  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

OWENS, DAVID A  
12853 BANYAN CREEK DRIVE  
FORT MYERS, FL 33908 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: DAVID A OWENS

03/22/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: 1031 REVERSE EXCHANG, E CO., LLC  
Address: 695 TARPON BAY ROAD  
City-St-Zip: SANIBEL, FL 33957

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: 1031 REVERSE EXCHANG, E CO., LLC  
Address: 12853 BANYAN CREEK DRIVE  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID A OWENS

MGRM

03/22/2005

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