

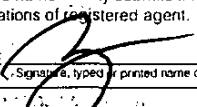
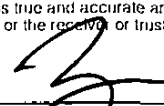


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90270 041 \*\*\*\*50.00

<b>DOCUMENT # L04000088717</b>					
<b>1. Entity Name</b> EXCHANGE REAL ESTATE, LLC					
<b>Principal Place of Business</b> <del>2216 LONGBOAT DRIVE</del> <del>NAPLES, FL 34104 US</del>			<b>Mailing Address</b> 2216 LONGBOAT DRIVE NAPLES, FL 34104 US		
<b>2. Principal Place of Business</b> 3673 Exchange Ave. Suite, Apt. #, etc. Ste. A City & State Naples, FL Zip 34104 Country U.S.		<b>3. Mailing Address</b> 3673 Exchange Ave. Suite, Apt. #, etc. Ste. A City & State Naples, FL Zip 34104 Country US			
03082006 Chg-LLC		CR2E083 (11/05)			
<b>4. FEI Number</b> 20-2002213		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> MARCZAK, MICHAEL A <del>2216 LONGBOAT DRIVE</del> <del>NAPLES, FL 34104</del>			<b>7. Name and Address of New Registered Agent</b> Name MICHAEL A. MARCZAK Street Address (P.O. Box Number is Not Acceptable) 3673 Exchange Ave. Ste. A City Naples FL Zip Code 34104		
<b>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.</b>					
SIGNATURE  <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>		DATE 3-17-06			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE MGR NAME MARCZAK, MICHAEL A STREET ADDRESS 2216 LONGBOAT DRIVE CITY-ST-ZIP NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE MGR NAME MICHAEL A. MARCZAK STREET ADDRESS 3673 EXCHANGE AVE. STE A CITY-ST-ZIP NAPLES, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3/17/06 Daytime Phone #		
MICHAEL A. MARCZAK					