2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L04000093804

Entity Name: FREIGHT EXCHANGE LLC

Current Principal Place of Business:

7257 NW 4TH BLVD STE #73
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

PO BOX 2098
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 06-1740343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SYER, SERENE
7257 NW 4TH BLVD STE #73
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MILLER, STEPHEN
Address: PO BOX 1374
City-St-Zip: ALACHUA, FL 32616

Title: MGRM ( ) Delete
Name: ROMERO, GOVINDA
Address: 7031 GRAND NATIONAL DR. STE #105A
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete
Name: SERENE, SYER
Address: PO BOX 571
City-St-Zip: ALACHUA, FL 32616

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SERENE SYER MGRM 05/01/2008

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