

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015496

FILED
Jan 11, 2006
Secretary of State

Entity Name: EXPLORE FLORIDA EXCHANGE, LLC

Current Principal Place of Business:

52 BRIGANTINE COURT
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

120 RIVER LANDING DR
ST. AUGUSTINE, FL 32090

Current Mailing Address:

52 BRIGANTINE COURT
ST. AUGUSTINE, FL 32080

New Mailing Address:

120 RIVER LANDING DR
ST. AUGUSTINE, FL 32090

FEI Number: 52-2452414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORE, OLGA
5 DUNES CIRCLE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

LORE, OLGA
120 RIVER LANDING DR
ST. AUGUSTINE, FL 32090 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:

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: LORE, LAJOS
Address: 5 DUNES CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

Title: V () Delete
Name: SICH, IRZHI
Address: 52 BRIGANTINE COURT
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LORE, LAJOS
Address: 120 RIVER LANDING DR
City-St-Zip: ST. AUGUSTINE, FL 32090

Title: MGR (X) Change () Addition
Name: CHIARAMONTE, VERA
Address: 1140 N. BREVARED STREET
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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: LAJOS LORE

P

01/11/2006

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