

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015496

Entity Name: EXPLORE FLORIDA EXCHANGE, LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

120 RIVER LANDING DR
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

120 RIVER LANDING DR
ST. AUGUSTINE, FL 32095

New Mailing Address:

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
120 RIVER LANDING DR
ST. AUGUSTINE, FL 32095 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: P () Delete
Name: LORE, LAJOS
Address: 120 RIVER LANDING DR
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR () Delete
Name: MAIER, JANOS
Address: 64 WASHINGTON STR
City-St-Zip: ST AUGUSTINE, FL 32080

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: GM (X) Change () Addition
Name: LORE, OLGA
Address: 120 RIVER LANDING DR
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR () Change (X) Addition
Name: EMILIA, LAVRISHCHUK
Address: 650 W. POPE RD D-30
City-St-Zip: ST. AUGUSTINE, FL ST. JOHNS 32

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: OLGA LORE

GM

01/08/2007

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