

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000015496

**FILED**  
**Jul 19, 2007**  
**Secretary of State****Entity Name:** EXPLORE FLORIDA EXCHANGE, LLC**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:**HALAT, SVITLANA  
64 WASHINGTON STR  
ST. AUGUSTINE, FL 32084 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: SVITLANA HALAT

07/19/2007

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:** GM ( ) Delete  
**Name:** LORE, OLGA  
**Address:** 120 RIVER LANDING DR  
**City-St-Zip:** ST AUGUSTINE, FL 32080**ADDITIONS/CHANGES:****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: OLGA LORE

GM

07/19/2007

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