


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

04-19-2007 90028 016 ****50.00

DOCUMENT # L05000030000 1. Entity Name 231 INTERCHANGE, LLC					
Principal Place of Business 4300 LEGENDARY DRIVE, SUITE C-204 DESTIN, FL 32541 US			Mailing Address 4300 LEGENDARY DRIVE, SUITE C-204 DESTIN, FL 32541 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent OLSON, RICHARD C 4300 LEGENDARY DRIVE, SUITE C-204 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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.					
SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE _____ NAME MGRM STREET ADDRESS R&R LANDHOLDINGS, LLC CITY- ST- ZIP 4300 LEGENDARY DRIVE, SUITE C-204 DESTIN, FL 32541	<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	
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	
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4-16-07 P50-650-2858 <small>Daytime Phone #</small>		

300000000



01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **APPLIED FOR 204893114** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required