2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-05-2006 90027 019 ****50.00

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01172006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000053526

1. Entity Name
PIKE EXCHANGE, LLC

Principal Place of Business	Mailing Address
3950 RCA BOULEVARD, SUITE 5000 PALM BEACH GARDENS, FL 33410	3950 RCA BOULEVARD, SUITE 5000 PALM BEACH GARDENS, FL 33410

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 90-0266315 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLIVER, JODY H
GARY, DYTRYCH & RYAN, P.A.
701 U.S. HIGHWAY ONE, SUITE 402
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name GARY, JOHN W III
Street Address (P.O. Box Number is Not Acceptable) GARY, DYTRYCH & RYAN P.A.
701 US HIGHWAY ONE, STE 402
City NORTH PALM BEACH FL Zip Code 33408

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 ____________ 6/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIKE DEVELOPMENT, LLC 3950 RCA BOULEVARD, SUITE 5000 PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: ____________ JOHN BRES 4/26/06 561-627-7551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #