## 2007 LIMITED LIABILITY COMPANY

## FILED ANNUAL REPORT Mar 21, 2007 08:00 A **DOCUMENT # L05000105884 Secretary of State** 1. Entity Name AFFILIATED EXCHANGE SERVICES, L.L.C. Mailing Address Principal Place of Business 3081 FERMANAGH DRIVE 3081 FERMANAGH DRIVE TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 03182007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3722966 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent HALDERMAN, PAUL E DO NOT WRITE 3081 FERMANAGH DRIVE TALLAHASSEE, FL 32309 IN THIS SPACE 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 3-19-2007 AULE HALDERMAN (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE HALDERMAN, PAUL E NAME STREET ADDRESS 3081 FERMANAGH DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32309 U00000675038 03/30/07-80003-008 50.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 cath; 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 AND TYPED OR PROITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

3-19-2007

Daytrne Phone #