2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L05000116215

Entity Name: SERVUSXCHANGE, LLC

Current Principal Place of Business:

1000 W MCNAB ROAD
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

1000 W MCNAB ROAD
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 06-1781899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAVELINE, BRIAN M
1000 W. MCNAB ROAD, SUITE 326
POMPANO BEACH, FL 33069 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: MGRM ( ) Delete
Name: JAVELINE, BRIAN
Address: 1000 W MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM ( ) Delete
Name: CARSON, MICHAEL
Address: 11199 POLO CLUB ROAD #105
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete
Name: TONKS, PHILIP
Address: 3380 FAIRLANE FARMS ROAD #3
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: CARSON, MICHAEL
Address: 531 N OCEAN BLVD, #1410
City-St-Zip: POMPANO BEACH, FL 33062 US

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: BRIAN JAVELINE PRES 01/14/2009

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