2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000026799

1. Entity Name
EXCHANGE GMO, LLC

Principal Place of Business	Mailing Address
4960 S.W. 72ND AVENUE, SUITE 201 MIAMI, FL 33155	4960 S.W. 72ND AVENUE, SUITE 201 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

01092008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4595873
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUILLEN, CELIA
4960 S.W. 72ND AVENUE, SUITE 201
MIAMI, FL 33155

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TUBER, INC.
STREET ADDRESS	4960 S.W. 72ND AVENUE, SUITE 201
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	TROTTI, DAVID
STREET ADDRESS	4960 S.W. 72ND AVENUE, SUITE 201
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	GUILLEN FIVE JAX, LLC
STREET ADDRESS	4960 S.W. 72ND AVENUE, SUITE 201
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000790108
01/23/08-80016-014 138.75

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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: _____ 1/9/08 3052747467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #