2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049605

Entity Name: EXIANCE LLC

FILED Feb 15, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1119 CELEBRATION AVE 717 NORTH MAGNOLIA AVE CELEBRATION, FL 34747 ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

1119 CELEBRATION AVE 717 NORTH MAGNOLIA AVE CELEBRATION, FL 34747 ORLANDO, FL 32803

FEI Number: 20-4878122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, SHEL

1119 CELEBRATION AVE
CELEBRATION, FL 34747 US

HART, SHEL
717 NORTH MAGNOLIA AVE
ORLANDO, FL 32803 US

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: SHEL HART 02/15/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: HART, SHEL Name: HART, SHEL

Address: 1119 CELEBRATION AVE Address: 717 NORTH MAGNOLIA AVE.
City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: ORLANDO, FL 32803

 $\label{eq:title:DIR} \mbox{Title:} \qquad \mbox{DIR} \qquad \mbox{() Change (X) Addition}$

Name: Name: ART, VEDNER
Address: Address: 717 NORTH MAGN

 Address:
 Address:
 717 NORTH MAGNOLIA AVE

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32803

Title: () Delete Title: DIR () Change (X) Addition

 Name:
 Name:
 WAYNE, JONES

 Address:
 Address:
 717 NORTH MAGNOLIA AVE

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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: SHEL HART MGR 02/15/2007