2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049605

Entity Name: EXIANCE LLC

Address:

City-St-Zip:

ORLANDO, FL 32803

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 717 NORTH MAGNOLIA AVE ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 717 NORTH MAGNOLIA AVE 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 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete HART. SHEL Name: Name: Address: 717 NORTH MAGNOLIA AVE. Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: () Delete Title: () Change () Addition ART, VEDNER Name: Name: Address: 717 NORTH MAGNOLIA AVE Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: DIR () Delete Title: () Change () Addition WAYNE, JONES Name: Name: 717 NORTH MAGNOLIA AVE

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.

Address:

City-St-Zip:

SIGNATURE: SHEL HART 01/08/2008