

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050115

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: THE REAL ESTATE EXCHANGE COMPANY, LLC.

**Current Principal Place of Business:**

7282 55TH AVE. EAST  
SUITE 155  
BRADENTON, FL 34203

**New Principal Place of Business:**

**Current Mailing Address:**

7282 55TH AVE. EAST  
SUITE 155  
BRADENTON, FL 34203

**New Mailing Address:**

FEI Number: 20-4877112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BENJAMIN, GARY P  
7282 55TH AVE. EAST  
SUITE 155  
BRADENTON, FL 34203 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: .LCM HOLDINGS, LLC,  
Address: 7282 55TH AVE. EAST, SUITE 155  
City-St-Zip: BRADENTON, FL 34203

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LCM HOLDINGS, LLC,  
Address: 7282 55TH AVE. EAST, SUITE 155  
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Change (X) Addition  
Name: BENJAMIN, GARY P  
Address: 2991 DICK WILSON DRIVE  
City-St-Zip: SARASOTA, FL 34240

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: GARY P BENJAMIN

D

04/12/2007

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