2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092753

Entity Name: FXI LC

Current Principal Place of Business:	**New Principal Place of Business:**
835 28TH AVE N ST. PETERSBURG, FL 33704	1810 CYPRESS TRACE SOUTH SAFETY HARBOR, FL 34695

Current Mailing Address:	**New Mailing Address:**
835 28TH AVE N ST. PETERSBURG, FL 33704	1810 CYPRESS TRACE SOUTH SAFETY HARBOR, FL 34695

FEI Number: 20-5580247   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:**
PIERSON, DAN A 835 28TH AVE N ST. PETERSBURG, FL 33704 US	PIERSON, DAN A 1810 CYPRESS TRACE SOUTH SAFETY HARBOR, FL 34695 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: DAN PIERSON   04/27/2007

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR	( ) Delete	Title:	MGR	(X) Change ( ) Addition
Name:	PIERSON, DANIEL A		Name:	PIERSON, DANIEL A	
Address:	835 28TH AVE N		Address:	1810 CYPRESS TRACE SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33704		City-St-Zip:	SAFETY HARBOR, FL 34695	

Title:	MGR	(X) Delete	Title:		( ) Change ( ) Addition
Name:	PIERSON, DAN A		Name:		
Address:	835 28TH AVE N		Address:		
City-St-Zip:	ST. PETERSBURG, FL 33704		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: DAN PIERSON   MRG   04/27/2007

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