

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025164

FILED  
Feb 20, 2008  
Secretary of State

**Entity Name:** PROFESSIONAL 1031 EXCHANGE PARTNERS, LLC

**Current Principal Place of Business:**

287 BURNT PINE DRIVE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

287 BURNT PINE DRIVE  
NAPLES, FL 34119 US

**New Mailing Address:**

**FEI Number:** 20-8769606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, NACE I  
287 BURNT PINE DRIVE  
NAPLES, FL 34119 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: 1031 EXCHANGE CONNEC, TION, INC.  
Address: 287 BURNT PINE DRIVE  
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM ( ) Delete  
Name: REVERSE EXCHANGE PAR, TNER, LLC  
Address: 5445 DTC PARKWAY, PENTHOUSE 4  
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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:** NACE I. COHEN

MGRM

02/20/2008

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