2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# L07000025164

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, TNERS, 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 03/01/2009

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