

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057880

Entity Name: REALCHANGE PARTNERS LLC

FILED  
Mar 10, 2008  
Secretary of State

**Current Principal Place of Business:**

814 LAKE EVALYN DRIVE  
CLEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**  
814 LAKE EVALYN DRIVE  
CLEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 26-0367780      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MACINTYRE, FREDERICK T  
814 LAKE EVALYN DRIVE  
CLEBRATION, FL 34747 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: MACINTYRE, FREDERICK T  
Address: 814 LAKE EVALYN DRIVE  
City-St-Zip: CLEBRATION, FL 34747

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: STROTHER, PAMELA T  
Address: 814 LAKE EVALYN DRIVE  
City-St-Zip: CLEBRATION, FL 34747

Title: MGRM (X) Change ( ) Addition  
Name: STROTHER, PAMELA  
Address: 814 LAKE EVALYN DRIVE  
City-St-Zip: CLEBRATION, FL 34747

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: FREDERICK T. MACINTYRE

MR.

03/10/2008

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