

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90055 048 \*\*\*138.75

60030633



04162008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000095780</b> 1. Entity Name <b>TRANSFER EXCHANGE HOLDINGS, LLC</b>			
Principal Place of Business <b>2201 NW CORPORATE BLVD., SUITE 200 BOCA RATON, FL 33431</b>		Mailing Address <b>2201 NW CORPORATE BLVD., SUITE 200 BOCA RATON, FL 33431</b>	
2. Principal Place of Business - No P.O. Box # <b>850 SW Martin Downs Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 359</b> Suite, Apt. #, etc.	
City & State <b>Palm City, Florida</b> Zip Country <b>34990 USA</b>		City & State <b>Stuart, Florida</b> Zip Country <b>34995 USA</b>	
4. FEI Number <b>26-1119950</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SMITH, JOHN W 2201 NW CORPORATE BLVD., SUITE 200 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name <b>Christopher Garris</b> Street Address (P.O. Box Number is Not Acceptable) <b>850 SW Martin Downs Blvd.</b> City <b>Palm City</b> FL <b>34990</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Christopher Garris</b> <b>4-16-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM CRANDALL, NANCY 2201 NW CORPORATE BLVD., SUITE 200 BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <b>Christopher Garris</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>4-16-08 772-287-1844</b> <small>Date Daytime Phone #</small>	