

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095790

FILED
Sep 02, 2008
Secretary of State

Entity Name: INTERCHANGE ASSET CONSULTING, LLC

Current Principal Place of Business:

7031 GRAND NATIONAL DRIVE, STE. 106
ORLANDO, FL 32819

New Principal Place of Business:

1650 SAND LAKE ROAD
245
ORLANDO, FL 32809

Current Mailing Address:

7031 GRAND NATIONAL DRIVE, STE. 106
ORLANDO, FL 32819

New Mailing Address:

1650 SAND LAKE ROAD
245
ORLANDO, FL 32809

FEI Number: 26-1442853 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANTIAGO, HERIBERTO
7031 GRAND NATIONAL DRIVE, STE. 106
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SANTIAGO, HERIBERTO
1650 SAND LAKE ROAD
245
ORLANDO, FL 32809 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: HERIBERTO SANTIAGO

09/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANTIAGO, HERIBERTO
Address: 7031 GRAND NATIONAL DRIVE, STE. 106
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANTIAGO, HERIBERTO
Address: 1650 SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32809

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: HERIBERTO SANTIAGO

MR.

09/02/2008

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