2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

8/27/2008-90029-019-$143.75-$143.75

FILED
08 OCT -3 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000127913

1. Entity Name

INTERNATIONAL REAL ESTATE EXCHANGE LLC

Principal Place of Business	Mailing Address
2500 ENGLISH IVY CT. LONGWOOD FL 32779	2500 ENGLISH IVY CT. LONGWOOD FL 32779

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2814 Tupelo CT.	Same.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Longwood, FL	City & State
Zip: 32779 Country: USA	Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number: 26-1656300 — Applied For / [X] Not Applicable

5. Certificate of Status Desired [X] — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VARGAS, GILBERT 2500 ENGLISH IVY CT. LONGWOOD FL 32779	Name: Street Address (P.O. Box Number is Not Acceptable): 2814 Tupelo Court City: Longwood FL Zip Code: 32779

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 7/18/08

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

NOTICE NOT RECEIVED

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VARGAS, GILBERT		NAME		
STREET ADDRESS	2500 ENGLISH IVY CT.		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 9/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #