

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90073 021 ****50.00

DOCUMENT # L98000002000

1. Entity Name
INTERCHANGE INVESTORS, L.C.



Principal Place of Business
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118

Mailing Address
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118

20050905



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07182006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
59-3477143

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWER, DEVIN
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118

Name Charles S. Lichtigman
Street Address (P.O. Box Number is Not Acceptable)
444 Seabreeze Boulevard Ste 1000
City Daytona Beach FL Zip Code 32118

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 *Charles S. Lichtigman*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/24/06
DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME TOWER, DEVIN
STREET ADDRESS 444 SEABREEZE BLVD STE 1000
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME LICHTIGMAN, CHARLES S
STREET ADDRESS 444 SEABREEZE BLVD STE 100
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME HOLUB, PAUL F JR.
STREET ADDRESS P.O. BOX 730086
CITY-ST-ZIP ORMOND BEACH, FL 32173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Charles S. Lichtigman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #