2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2007
Secretary of State

DOCUMENT# M05000001480

Entity Name: ROEFSCO EXCHANGE, LLC

Current Principal Place of Business:

% FIALKOW & CO., INC.
3295 RIVER EXCHANGE DRIVE, SUITE 400
NORCROSS, GA 30092

New Principal Place of Business:

7041 CYPRESS BRIDGE DRIVE SOUTH
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

% FIALKOW & CO., INC.
3295 RIVER EXCHANGE DRIVE, SUITE 400
NORCROSS, GA 30092

New Mailing Address:

7041 CYPRESS BRIDGE DRIVE SOUTH
PONTE VEDRA BEACH, FL 32082

FEI Number: 54-2168473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

FIALKOW, ALAN R
7041 CYPRESS BRIDGE DRIVE SOUTH
PONTE VEDRA BEACH, FL 32082 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: MGR ( ) Delete
Name: FIALKOW, STACY G
Address: % 3295 RIVER EXCHANGE DRIVE, SUITE 400
City-St-Zip: NORCROSS, GA 30092

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FIALKOW, STACY G
Address: 7041 CYPRESS BRIDGE DRIVE SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: STACY G FIALKOW MGR 06/25/2007

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