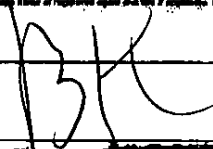


**2008 LIMITED LIABILITY
COMPANY ANNUAL REPORT**

DOCUMENT # 1. Entry Name M06000001212 CADILLAC EXCHANGE, LLC			
Principal Place of Business Mailing Address: 675 W INDIANTOWN RD. SUITE 103 JUPITER, FLORIDA 33458		CR2ED03 (12/05) Cng-LLC (M06000001212C) 07312008	
2. Principal Place of Business - No P.O. Box: 675 W INDIANTOWN ROAD			
Suite, Apt. #, etc. SUITE 103			
City & State JUPITER, FLORIDA	City & State	4. FEI Number 51-0524528	Applied For ☐ Not ☐ Applicable
Zip 33458	Country USA	Zip	Country
5. Certificate of Status Desired \$5.00 Additional Fee Required.			
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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:  I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE MGRM ROTHCHILD, ALLAN B 1 HOCKANUM ROAD WESTPORT, CT 06880	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE ADDITION MGRM WARD WELKE 675 W INDIANTOWN RD SUITE 103 JUPITER FLORIDA 33458
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE ADDITION
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE ADDITION
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE ADDITION
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE ADDITION
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE ADDITION

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: _____

 **Mark Weller, Authorized Representative**

FILED
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TALLAHASSEE, FLORIDA

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