2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # 1. Entity Name M06000001212
CADILLAC EXCHANGE, LLC

FILED
08 AUG -1 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
675 W INDIANTOWN RD
SUITE 103
JUPITER, FLORIDA
33458

CR2E083 (12/06) Chg-LLC
(M06000001212C) 07312008

2. Principal Place of Business - No P.O. Box #
675 W INDIANTOWN ROAD

Suite, Apt. #, etc.
SUITE 103

City & State	Zip	Country
JUPITER, FLORIDA	33458	USA

City & State

4. FEI Number 51-0524628 — Applied For / Not Applicable

5. Certificate of Status Desired $8.00 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

BK

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete MGRM ROTHSCHILD, ALLAN B 1 HOCKANUM ROAD WESTPORT, CT 06880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition MGRM WARD WELKE 675 W INDIANTOWN RD SUITE 103 JUPITER FLORIDA 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

000134017240
08/06/08--01009--009 **538.75

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Ward Welke, Authorized Representative