

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90046 039 ****50.00

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1. Entity Name
 INTERPLAN ATLANTA LLC



Principal Place of Business 1007 WEATHERSTONE PARKWAY SUITE 120, BUILDING 100 WOODSTOCK, GA 30188-4497 US	Mailing Address 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE



03292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0344028	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M ESQ.
 557 NORTH WYMORE ROAD, SUITE 100
 MAITLAND, FL 32751

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B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYCE, DAVID 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAHAN, FRANCOIS 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EUSTACE, ANNEMARIE 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCOIG, KENNETH 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STILWELL, CLARK 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBY, HARVEY 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **David G. Boyce** 4/7/05 407-645-5008

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