


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000041220
 1. Entity Name
 INTERPLAN ATLANTA LLC



Principal Place of Business Mailing Address
 1007 WEATHERSTONE PARKWAY 933 LEE ROAD, SUITE 120
 SUITE 120, BUILDING 100 ORLANDO, FL 32810
 WOODSTOCK, GA 30188-4497 US



01042006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-0344028 Not Applicable

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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

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01/20/06-80008-022 50.00

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: _____ Date: 1/11/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE