

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**



**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90052 039 \*\*\*\*55.00

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01082007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000041220</b>			
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	
2. Principal Place of Business - No P.O. Box # 1395 S Manetta Parkway Suite, Apt. #, etc. Bldg. 400, Suite 200 City & State Manetta GA Zip 30067 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-0344028		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		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 Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYCE, DAVID 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAHAN, FRANCOIS 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EUSTACE, ANNEMARIE 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCOIG, KENNETH 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STILWELL, CLARK 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBY, HARVEY 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 		Date 1/8/07	Daytime Phone # 407 646 9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			