


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90076 031 \*\*\*138.75

**DOCUMENT # L05000091889**  
 1. Entity Name  
**INTERHOUSE INTERNATIONAL HOLDINGS OF FLORIDA, LLC**



Principal Place of Business      Mailing Address  
**782 NW LEJEUNE ROAD, SUITE #4**      **782 NW LEJEUNE ROAD, SUITE #4**  
**MIAMI, FL 33126**      **MIAMI, FL 33126**

**DO NOT WRITE IN THIS SPACE**



01252008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-4281179</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FLEITAS, ROBERTO F**  
**782 NW LEJEUNE ROAD, SUITE #4**  
**MIAMI, FL 33126**

**DO NOT WRITE IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASABDJI, JORGE 782 NW LEJEUNE ROAD, SUITE #4 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDO, KASABDJI 782 NW 42ND AVE # 4 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**       **2/21/08 786552-7858**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #