

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010033					
1. Entity Name INTERFACE DEVELOPMENT, LLC					
Principal Place of Business 2300 GLADES RDX # 230 W BOCA RATON, FL 33431			Mailing Address 2300 GLADES RDX # 230 W BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 65-1112646	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, KENNETH 2300 GLADES RD #230 W BOCA RATON, FL 33431			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2300 GLADES RD #230 W BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
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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.			UN00000259851 03/11/05-80040-013 50.00		
SIGNATURE:			1/24/05 (561) 750-5260		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		