
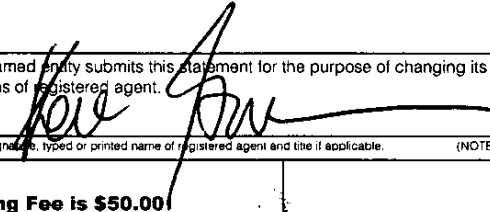
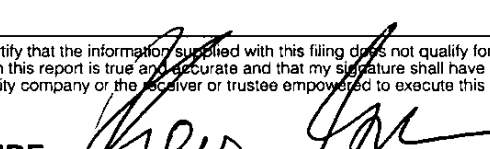


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90033 008 \*\*\*\*50.00

<b>DOCUMENT # L01000010034</b> 1. Entity Name <b>INTERFACE FLL, LLC</b>					
Principal Place of Business <b>2600 N MILITARY TRL # 290 BOCA RATON, FL 33431 US</b>			Mailing Address <b>2600 N MILITARY TRL # 290 BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1112649</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOODMAN, CHARLENE 2600 N MILITARY TRL, # 290 BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name <b>KENNETH J. GOODMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 N. MILITARY TRAIL, SUITE 290 BOCA RATON FL</b> Zip Code <b>33431</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2600 N MILITARY TRL, # 290 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2600 N MILITARY TRL, # 290 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2600 N MILITARY TRL, # 290 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2600 N MILITARY TRL, # 290 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2600 N MILITARY TRL, # 290 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2600 N MILITARY TRL, # 290 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2600 N MILITARY TRL, # 290 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 			Date <b>4-23-07</b> Daytime Phone # <b>561-862-0777</b>		