

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90306 004 ****55.00

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02202007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L01000014532 1. Entity Name INTERSTATE PROPERTIES, L.L.C.					
Principal Place of Business 201 S. ORANGE AVENUE SUITE 1060 ORLANDO, FL 32801			Mailing Address POST OFFICE BOX 3427 ORLANDO, FL 32802-3427		
2. Principal Place of Business - No P.O. Box # 2905 PIEDMONT RD., NE		3. Mailing Address PO BOX 12407			
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc.			
City & State ATLANTA, GA		City & State ATLANTA, GA			
Zip 30305	Country USA	Zip 30355-9998	Country USA	4. FEI Number 59-3743385	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORRISON, WILLIAM H ESQUIRE 7100 SOUTH U.S. HIGHWAY 17-92 FERN PARK, FL 32730				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 ABRUZZINO, WILLIAM A POST OFFICE BOX 3427 ORLANDO, FL 328023427	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRUZZINO, WILLIAM PO BOX 12407 ATLANTA, GA 30355-9998	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUNNALLY, JUDY PO BOX 6726 MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 2/23/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					