## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

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DOCUMENT # L01000014  1. Entity Name INTERSTATE BUSINESS PARK, LL						04-21-200	08 90318 04	43 ***13	38.75
Principal Place of Business	Mailing Address	•				AAAAA	7106		
74 WEST PARK PLACE	74 WEST PARK PLACE								
STAMFORD, CT 06901	STAMFORD, CT 06901				,	** 1 .			
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						<b>11</b> 11 1161 1181 1111 1			
2. Principal Place of Business - No P.O. Box #	3. Mailing Address								
8416 Laurel Fair Circle						88181 JIBN 88111 88111 1	FDIII BULBI ITUIL DIUS		1831 III 1881
Suite, Apt. #, etc.	Suite, Apt. #, etc.								
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City & State	City & State			4	I. FEI Numbe	er		I Ap	plied For
Tampa FL					58-264				t Applicable
	Zip	Count	ry	1			<b>\$</b>	5.00 Add	
Zip Country 33610			,	5	i. Certificate	of Status Desired		ee Require	
6. Name and Address of Current	Registered Agent	<del></del> 1	<del></del>	7	. Name and	Address of New	Registered Ag	gent	-
	<u>×</u>		Name						
CORPDINECT AGENTS INC.		Į		Jonns	on, no	bert M.			
515 E. PARK AVE.			Street	ddress (P.C	. Box Number	Tuffle	ble)		
TALLAHASSEE, FL 32301				ne r	DIAN	IUIIIE P	tue	<del></del>	
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	1	ŀ	City 🔿		1			Zip Code	e
	<del>/</del>		<u> </u>	arasol	ZL		FL	34	<u>ス37</u>
	or the purpose of changing its	registere	d office or	r registered	agent, or bot	h, in the State of	Florida. 🖊 am fa	miliar with,	and accept
the obligations of registered agent	(Loon		-			2.	[ ] 3	1.5	(A)
SIGNATURE	<u> </u>					フ		/ つ	
Signature typed or printed name of registered agent	t and title if applicable. (NOTE	Registered	Agent signat		n reinstation)				_
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.7			- Gen signed	nie ieduiec wie	n Terislalling)		·		<b>e</b>
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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 #ability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/08

203-324-9495