


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90017 037 ****50.00

DOCUMENT # L01000022848	
1. Entity Name INTERSTATE RESOURCES U.S. L.L.C.	

Principal Place of Business 148 INTRACOSTAL CIRCLE TEQUESTA FL 33469	Mailing Address PO BOX 460366 FORT LAUDERDALE FL 33346
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2. Principal Place of Business 2800 N.W. 47th Terrace	3. Mailing Address Same
Suite, Apt. #, etc. # 409	Suite, Apt. #, etc. PO Box 460366
City & State Ft. Lauderdale FL	City & State Ft. Lauderdale, FL
Zip 33313	Country USA
Zip 33346	Country US



MOORE CR2E083 (11/03)

4. FEI Number 75-3017061		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KOONG, MILLIE 148 INTRACOSTAL CIRCLE TEQUESTA FL 33469		
7. Name and Address of New Registered Agent Name Koong, Millie Street Address (P.O. Box Number is Not Acceptable) 2800 N.W. 47th Terrace # 409 City Ft. Lauderdale FL Zip Code 33313		

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 *Millie Koong* **Millie Koong (agent)** DATE 4/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOONG, MILLIE		NAME	
STREET ADDRESS 148 INTRACOSTAL CIRCLE		STREET ADDRESS	
CITY-ST-ZIP TEQUESTA FL 33469		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: *Millie Koong* **4/16/04** **581 308-2282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #