
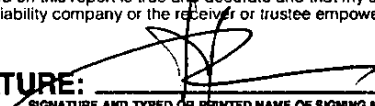


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90046 038 \*\*\*\*50.00

<b>DOCUMENT # L02000029946</b>			
1. Entity Name <b>INTERPLAN SOUTHWEST LLC</b>			
Principal Place of Business <b>4560 BELTLINE ROAD, SUITE 428 ADDISON, TX 75001 US</b>		Mailing Address <b>933 LEE ROAD, SUITE 120 ORLANDO, FL 32810</b>	
2. Principal Place of Business <b>4560 Beltline Road</b> Suite, Apt. #, etc. <b>Suite 340</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Addison, TX</b>		City & State	
Zip <b>75001</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>16-1638634</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KOLTUN, JEFFREY M ESQUIRE 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND, FL 32751</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BOYCE, DAVID</b> <input type="checkbox"/> Delete <b>933 LEE ROAD, SUITE 120 ORLANDO, FL 32810</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TRAHAN, FRANCOIS</b> <input type="checkbox"/> Delete <b>933 LEE ROAD, SUITE 120 ORLANDO, FL 32810</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EUSTACE, ANNEMARIE</b> <input type="checkbox"/> Delete <b>933 LEE ROAD, SUITE 120 ORLANDO, FL 32810</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCCOIG, KENNETH</b> <input type="checkbox"/> Delete <b>933 LEE ROAD, SUITE 120 ORLANDO, FL 32810</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STILWELL, CLARK</b> <input type="checkbox"/> Delete <b>933 LEE ROAD, SUITE 120 ORLANDO, FL 32810</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JACOBY, HARVEY</b> <input type="checkbox"/> Delete <b>933 LEE ROAD, SUITE 120 ORLANDO, FL 32810</b>	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 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.			
<b>SIGNATURE:</b> 		<b>David G. Boyce</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>4/7/05</b> Daytime Phone # <b>407-645-5008</b>	

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03292005 Chg-LLC CR2E083 (10/03)