


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000029946**

1. Entity Name  
 INTERPLAN SOUTHWEST LLC



Principal Place of Business  
 4560 BELTLINE ROAD,  
 SUITE 340  
 ADDISON, TX 75001 US

Mailing Address  
 933 LEE ROAD, SUITE 120  
 ORLANDO, FL 32810



01042006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>16-1638634                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M ESQUIRE  
 557 NORTH WYMORE ROAD, SUITE 100  
 MAITLAND, FL 32751

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BOYCE, DAVID<br>933 LEE ROAD, SUITE 120<br>ORLANDO, FL 32810      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>TRAHAN, FRANCOIS<br>933 LEE ROAD, SUITE 120<br>ORLANDO, FL 32810   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EUSTACE, ANNEMARIE<br>933 LEE ROAD, SUITE 120<br>ORLANDO, FL 32810 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MCCOIG, KENNETH<br>933 LEE ROAD, SUITE 120<br>ORLANDO, FL 32810    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STILWELL, CLARK<br>933 LEE ROAD, SUITE 120<br>ORLANDO, FL 32810    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>JACOBY, HARVEY<br>933 LEE ROAD, SUITE 120<br>ORLANDO, FL 32810     |

U00000388799  
 01/20/06-80018-025 50.00

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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:** \_\_\_\_\_ Date: 1/11/06 Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE