


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

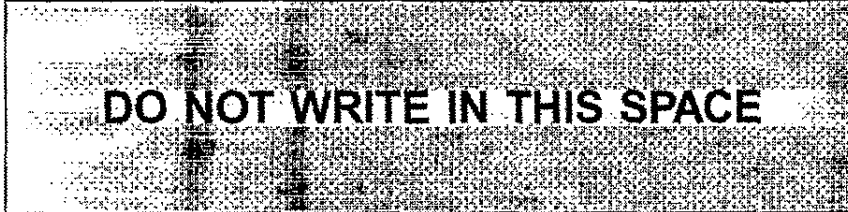
DOCUMENT # L02000029946

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



01042007No Chg-LLC CR2E083 (11/05)

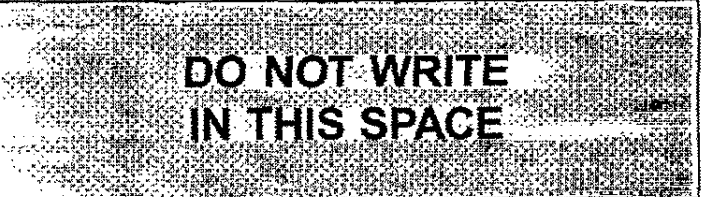
4. FEI Number
 16-1638634

Applied For
 Not Applicable

5. Certificate of Status Desired \$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



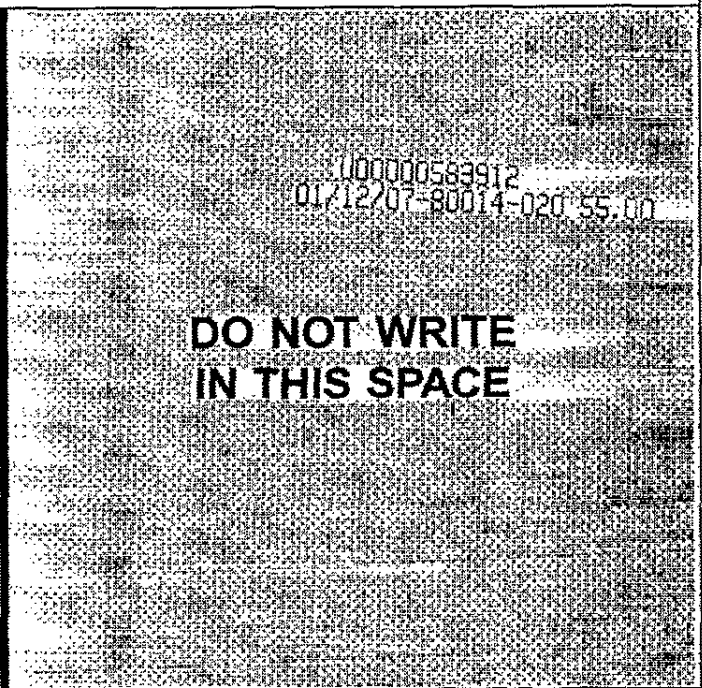
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOYCE, DAVID 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TRAHAN, FRANCOIS 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EUSTACE, ANNEMARIE 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCCOIG, KENNETH 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STILWELL, CLARK 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JACOBY, HARVEY 933 LEE ROAD, SUITE 120 ORLANDO, FL 32810 |



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: 

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

Date: 1/5/07 Daytime Phone #: 407 645 5008