


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-10-2003 90022 048 ****50.00

DOCUMENT # L02000029946

1. Entity Name
INTERPLAN SOUTHWEST LLC



Principal Place of Business Mailing Address
933 LEE ROAD, SUITE 120 **933 LEE ROAD, SUITE 120**
ORLANDO FL 32810 **ORLANDO FL 32810**

2. Principal Place of Business 3. Mailing Address
2055 Oakbluff Suite, Apt. #, etc.
 Suite, Apt. #, etc. City & State
 City & State
Carrollton, TX City & State
 Zip Country Zip Country
75007 *USA*



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
16-1638634 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: 7. Name and Address of New Registered Agent:

KOLTUN, JEFFREY M ESQUIRE Name
557 NORTH WYMORE ROAD, SUITE 100 Street Address (P.O. Box Number is Not Acceptable)
MAITLAND FL 32751 City **FL** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mgr. Director Boyce, David 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Trahan, Francois 933 Lee Road, Suite 120 Orlando, FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Eustace, AnneMarie 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager McCoig, Kenneth 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Stilwell, Clark 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Jacoby, Harvey 933 Lee Road, Suite 120 Orlando, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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: *[Signature]* **DAVID BOYCE** *3-6-03* *407-645-5608*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #