

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000010903 1. Entity Name INTERFACE BOWIE, LLC	
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Principal Place of Business 2600 N. MILITARY TRAIL, STE 290 BOCA RATON, FL 33431	Mailing Address 2600 N. MILITARY TRAIL, STE 290 BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 81-0604009	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

WHITE, JOHN II  
 1645 PALM BEACH LAKES BOULEVARD  
 SUITE 1200  
 WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

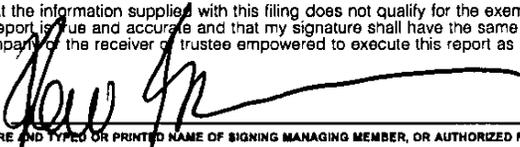
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2600 N. MILITARY TRAIL, STE 290 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000738032  
 05/11/07-80052-024 50.00

**DO NOT WRITE IN THIS SPACE**

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: 4-23-07      Daytime Phone #: (561) 862-0777

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