

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040871

FILED
Jan 14, 2009
Secretary of State

Entity Name: INTERPACE PROPERTIES, LLC

Current Principal Place of Business:

11380 PROSPERITY FARMS RD., STE. 201
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

HAFER COMPANY, LLC
249 ROYAL PALM WAY #300
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 26-0073840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELGESEN, ANDREW
11380 PROSPERITY FARMS RD., STE. 201
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHMITT, ALFONS
Address: 125 PARC MONSEAU
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: SCHMITT-ZIMMERMAN, BIRGIT
Address: 125 PARC MONSEAU
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: UFTRING, ELKE
Address: 125 PARC MONSEAU
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALFONS SCHMITT

MGRM

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date