

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90046 039 ****50.00

DOCUMENT # L03000041220

1. Entity Name
INTERPLAN ATLANTA LLC



Principal Place of Business
**1007 WEATHERSTONE PARKWAY
SUITE 120, BUILDING 100
WOODSTOCK, GA 30188-4497 US**

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

20028512



03292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0344028

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 ESQ.
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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**

**DO NOT WRITE
IN THIS SPACE**

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

David G. Boyce 4/7/05 407-645-5008

Date

Daytime Phone #