

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90019 007 ****55.00

DOCUMENT # L03000048565					
1. Entity Name INTERFUND INVESTMENT FUND I, LLC					
Principal Place of Business 7100 CAMINO REAL BLVD. 402 BOCA RATON, FL 33433 US			Mailing Address 7100 CAMINO REAL BLVD. 402 BOCA RATON, FL 33433 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04142004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 05-0592597	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BRANDON BROWN P.L. 7100 CAMINO REAL BLVD. SUITE 402 BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name: <u>Brandon Brown P.L.</u> Street Address (P.O. Box Number is Not Acceptable): <u>9045 La Fontana Blvd</u> <u>Suite B-1</u> City: <u>Boca Raton</u> FL Zip Code: <u>33434</u>		
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: <u>Brandon Brown P.L.</u> DATE: <u>4/2/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPITOL MANAGEMENT, LLC 7100 CAMINO REAL BLVD. BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Asst. Polom</u> DATE: <u>4/2/04</u> DAYTIME PHONE: <u>(561) 717-7115</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					