

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90028 031 ****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

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite # 14

City & State

Boca Raton FL

Zip

33487

Country

3. Mailing Address

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite # 14

City & State

Boca Raton FL

Zip

33487

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

05-0592597

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOOM, ASHLEY
7100 WEST CAMINO REAL BOULEVARD
SUITE 402
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Bloom, Ashley

Street Address (P.O. Box Number is Not Acceptable)

6600 W. ROGERS CIRCLE SUITE # 14

City

Boca Raton

FL

Zip Code

33487

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

ASHLEY BLOOM

04/24/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CAPITOL MANAGEMENT, LLC
STREET ADDRESS 7100 CAMINO REAL BLVD.
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR
NAME CAPITOL MANAGEMENT, LLC
STREET ADDRESS 6600 W. ROGERS CIRCLE STE # 14
CITY-ST-ZIP BOCA RATON FL 33487

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

ASHLEY B. BLOOM, MANAGER

Date

Daytime Phone #

04/24/06 (561) 417-7115