

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90026 012 \*\*\*\*50.00

<b>DOCUMENT # L03000048565</b>			
<b>1. Entity Name</b> INTERFUND INVESTMENT FUND I, LLC			
<b>Principal Place of Business</b> 6600 W ROGERS CIR STE 14 BOCA RATON, FL 33487 US		<b>Mailing Address</b> 6600 W ROGERS CIR STE 14 BOCA RATON, FL 33487 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 1801 Clint Moore Rd Suite, Apt. #, etc. # 217 City & State Boca Raton, FL Zip 33487 Country		<b>3. Mailing Address</b> 1801 Clint Moore Rd Suite, Apt. #, etc. # 217 City & State Boca Raton, FL Zip 33487 Country	
<b>4. FEI Number</b> 05-0592597		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BLOOM, ASHLEY 6600 N ROGERS CIR STE 14 BOCA RATON, FL 33487		<b>7. Name and Address of New Registered Agent</b> Name BLOOM, ASHLEY Street Address (P.O. Box Number is Not Acceptable) 1801 Clint Moore Rd # 217 City Boca Raton FL Zip Code 33487	
<b>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.</b> SIGNATURE _____ DATE 04/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPITOL MANAGEMENT, LLC 6600 W ROGERS CIR STE 14 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Capitol Management, LLC 1801 Clint Moore Rd # 217 Boca Raton FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 04/11/07 (561) 912-0029 <small>Daytime Phone #</small>	