

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000016957

1. Entity Name
INTERIM CAPITAL LLC



**FILED
May 08, 2007 8:00 am
Secretary of State**

05-08-2007 90117 021 ****50.00

Principal Place of Business
2901 SOUTH BAYSHORE RD
UNIT 15B
COCONUT GROVE, FL 33133

Mailing Address
50 PORTLAND PIER
STE 400
PORTLAND, ME 04101

2. Principal Place of Business - No P.O. Box #
c/o Capital Servicing, Inc.

Suite, Apt. #, etc.
5217 McKinney Ave, Ste 208

3. Mailing Address

Suite, Apt. #, etc.

City & State
Dallas, TX

City & State

Zip
75205

Zip

Country
USA

Country

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL Zip Code

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, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEST, THEODORE V 2901 SOUTH BAYSHORE # 15B COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o Capital Servicing, Inc. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5217 McKinney Ave, Ste 208 Dallas, TX 75205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLPITTS, TODD W C/O CAPITAL SERVICING, 50 PORTLAND PIER PORTLAND, ME 04101	<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	MGR LABRIE, SUSAN K C/O CAPITAL SERVICING, 50 PORTLAND PIER PORTLAND, ME 04101	<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
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

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.

Karen Nevers,

Authorized Representative

4/26/07 (207) 828-1080

Date

Daytime Phone #

SIGNATURE:

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