2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L04000042271

Entity Name: INTERSTATE REALTY GROUP, LLC

Current Principal Place of Business:

23404 W. LYONS AVE.
#223
NEWHALL, CA 91321

New Principal Place of Business:

Current Mailing Address:

23404 W. LYONS AVE.
#223
NEWHALL, CA 91321

New Mailing Address:

FEI Number: 20-1247455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

:PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PKWY.
#300
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WESSELL, KEVIN
Address: 23404 W. LYONS AVE. #223
City-St-Zip: NEWHALL, CA 91321

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: MILLER, THOMAS L BROKER
Address: 16 SUMMERSHADE CIRCLE
City-St-Zip: PISCATAWAY, NJ 08854

Title: MGR ( ) Change (X) Addition
Name: MILLER, CAROL L SEC/TRE
Address: 16 SUMMERSHADE CIRCLE
City-St-Zip: PISCATAWAY, NJ 08844

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS L. MILLER MGR 04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date