

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042271

FILED
Apr 20, 2006
Secretary of State

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/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: MILLER, CAROL L SEC/TRE
Address: 16 SUMMERSHADE CIRCLE
City-St-Zip: PISCATAWAY, NJ 08854

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/20/2006

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