


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90208 036 ***138.75

DOCUMENT # L04000060593					
1. Entity Name INTERIM PROPERTIES, LLC					
Principal Place of Business 4362 NORTHLAKE BOULEVARD SUITE 206 PALM BEACH GARDENS, FL 33410			Mailing Address 4362 NORTHLAKE BOULEVARD SUITE 206 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02292008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 02-0728907	
Applied For		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Not Applicable		6. Name and Address of Current Registered Agent			
City & State		City & State		7. Name and Address of New Registered Agent	
Zip		Country		Name <i>Terri L. Chalaire</i>	
6. Name and Address of Current Registered Agent		Street Address (P.O. Box Number is Not Acceptable) <i>10171 Daphne Avenue</i>			
CHALAIRE, TERRI L 16425 HAYNIE LANE JUPITER, FL 33478		City		Zip Code	
		<i>Palm Beach Gardens FL</i>		<i>33410</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - <input type="checkbox"/> Delete CHALAIRE, TERRI L 4362 NORTHLAKE BOULEVARD, SUITE 206 PALM BEACH GARDENS, FL 33410	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		
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.					
SIGNATURE: <i>Thalini</i>		Date: <i>3/3/08</i>		Daytime Phone #: <i>561-694-0336</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					