2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021789

Entity Name: INTERLAKE LLC

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2217 W. CLOVELLY LN ST AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

US

2217 W. CLOVELLY LN ST AUGUSTINE, FL 32092 US

FEI Number: 20-2432680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALZBRUNN, STEFAN DR.
2217 W. CLOVELLY LN
ST AUGUSTINE, FL 32092 US
SALZBRUNN, STEFAN DR.
2217 W. CLOVELLY LN
ST AUGUSTINE, FL 32092 US

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: DR. STEFAN SALZBRUNN 01/08/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:MEDIENBERATUNG SLAZ, + SALZ GBRName:SALZBRUNN, STEFAN DR.Address:FLIEDERSTRASSE 4Address:2217 W. CLOVELLY LNCity-St-Zip:MECKENBEUREN, BW 88074 DECity-St-Zip:ST AUGUSTINE, FL 32092 US

Title: () Delete Title: MGRM () Change (X) Addition

 Name:
 Name:
 SLAZENGER, SVEN

 Address:
 Address:
 SCHIRMERWEG 18

 City-St-Zip:
 City-St-Zip:
 MUENCHEN, BW 81245 DE

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: DR. STEFAN SALZBRUNN MGRM 01/08/2007