

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021789

FILED
Jan 04, 2008
Secretary of State

Entity Name: INTERLAKE LLC

Current Principal Place of Business:

2217 W. CLOVELLY LN
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

2217 W. CLOVELLY LN
ST AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 20-2432680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZBRUNN, STEFAN DR.
2217 W. CLOVELLY LN
ST AUGUSTINE, FL 32092 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: MGRM () Delete
Name: SALZBRUNN, STEFAN DR.
Address: 2217 W. CLOVELLY LN
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: MGRM () Delete
Name: SLAZENGER, SVEN
Address: SCHIRMERWEG 18
City-St-Zip: MUENCHEN, BW 81245 DE

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

01/04/2008

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