


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000024881 1. Entity Name INTERVEST USA RULES, LLC	
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Principal Place of Business 927 SOUTH RIDGEWOOD AVE SUITE A-7 EDGEWATER, FL 32132 US	Mailing Address 927 SOUTH RIDGEWOOD AVE SUITE A-7 EDGEWATER, FL 32132 US
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2562068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JARVIS, SHERRY C
927 S. RIDGEWOOD AVE
SUITE A-6
EDGEWATER, FL 32132

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000593017
01/22/07-80015-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COTE-JARVIS & ASSOC, PA 927 S. RIDGEWOOD AVE, SUITE A-6 EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURST, EDWARD 1205 MAYTOWN ROAD OAK HILL, FL 32132
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **1-16-07 386-868-5169**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #