

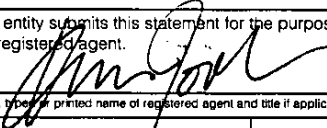



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90044 012 ***138.75

DOCUMENT # L05000058333 1. Entity Name INTERFACE KANNER, LLC																																															
Principal Place of Business 2600 N. MILITARY TRAIL 290 BOCA RATON, FL 33431			Mailing Address 2600 N. MILITARY TRAIL 290 BOCA RATON, FL 33431																																												
2. Principal Place of Business - No P.O. Box # 7777 Glades Road		3. Mailing Address 7777 Glades Road		 04162008 Chg-LLC CR2E083 (12/06)																																											
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc. Suite 204																																													
City & State Boca Raton, FL		City & State Boca Raton, FL																																													
Zip 33434 USA		Zip 33434 USA																																													
4. FEI Number 20-2988516				Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				4-21-08																																											
6. Name and Address of Current Registered Agent GOODMAN, KENNETH J 2600 N. MILITARY TRAIL 290 BOCA RATON, FL 33431						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7777 Glades Road, Suite 204 City Boca Raton FL Zip Code 33434																																									
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 						DATE																																									
Signature, typed or printed name of registered agent and title if applicable. (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																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%;"> MGR GOODMAN, KENNETH J 2600 N. MILITARY TRAIL, SUITE 290 BOCA RATON, FL 33431 </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%;"> 7777 Glades Road, Suite 204 Boca Raton, FL 33434 </td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> MGR PUDER, MICHAEL S 3930 MAX PL BOYNTON BEACH, FL 33436 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 7777 Glades Road, Suite 204 Boca Raton, FL 33434 </td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH J 2600 N. MILITARY TRAIL, SUITE 290 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7777 Glades Road, Suite 204 Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUDER, MICHAEL S 3930 MAX PL BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7777 Glades Road, Suite 204 Boca Raton, FL 33434	<input checked="" 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
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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: 				4-21-08 901-477-2770																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #																																											