

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90178 016 ****50.00

DOCUMENT # L05000101202					
1. Entity Name INTERSTATE HOLDINGS & INVESTMENTS, LLC					
Principal Place of Business 10229 S.W. 59TH STREET COOPER CITY, FL 33328			Mailing Address 15641 PINES BLVD PEMBROKE PINES, FL 33027		
2. Principal Place of Business		3. Mailing Address 15841 Pines Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 227			
City & State		City & State Pembroke Pines			
Zip	Country	Zip	Country	02162008 Chg-LLC CR2E083 (11/05)	
33027		USA		4. FEI Number 203762455	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOY, PETER 10229 S.W. 59TH STREET COOPER CITY, FL 33328			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>Peter Moy</u> <u>Lincoln Hing</u> <u>MGRM</u>				DATE: <u>2-16-06</u>	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HING, LINCOLN 10229 S.W. 59TH STREET COOPER CITY, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOY, PETER 10229 S.W. 59TH STREET COOPER CITY, FL 33328		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: <u>Lincoln Hing</u> <u>Lincoln Hing</u> <u>MGRM</u>				DATE: <u>2-16-06</u> <u>954 4946566</u>	