


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90044 009 ***138.75

DOCUMENT # L06000017682					
1. Entity Name INTERFACE AT INVERNESS, LLC					
Principal Place of Business 2600 N. MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431			Mailing Address 2600 N. MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # <u>7777 Glades Road</u>		3. Mailing Address <u>7777 Glades Road</u>			
Suite, Apt. #, etc. <u>Suite 204</u>		Suite, Apt. #, etc. <u>Suite 204</u>			
City & State <u>Boca Raton, FL</u>		City & State <u>Boca Raton, FL</u>		4. FEI Number 20-4344029	
Zip <u>33434</u> <u>USA</u>		Zip <u>33434</u> <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, KENNETH J 2600 N. MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>7777 Glades Road, Suite 204</u> City <u>Boca Raton</u> <u>FL</u> Zip Code <u>33434</u>		
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>[Signature]</u> DATE <u>4-21-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
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	<u>7777 Glades Road, Suite 204</u> <u>Boca Raton, FL 33434</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUDEH, MICHAEL S 2600 N. MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>7777 Glades Road, Suite 204</u> <u>Boca Raton, FL 33434</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>[Signature]</u>			Date <u>4-21-08</u> Daytime Phone # <u>901-477-2770</u>		