


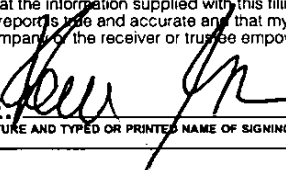
# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90033 002 \*\*\*\*50.00

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|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L06000067738</b>   |  |  |   |                             |  |
| 1. Entity Name<br>INTERFACE BRIER CREEK, LLC   |  |  |   |  |  |
| Principal Place of Business<br>2600 N MILITARY TRAIL<br>STE 290<br>BOCA RATON, FL 33431  |  |  | Mailing Address<br>2600 N MILITARY TRAIL<br>STE 290<br>BOCA RATON, FL 33431 |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  |  | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |  |  |
| City & State   |  |  | City & State  |  |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number <u>20-5493114</u> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |   |  |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent                                 |  |  |
| WHITE, JOHN II<br>1645 PALM BEACH LAKES BLVD<br>STE 1200<br>WEST PALM BEACH, FL 33401  |  |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  |  |   | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GOODMAN, KENNETH J<br>2600 N MILITARY TRAIL STE 290<br>BOCA RATON, FL 33431 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:    |  |  | Date: <u>4-23-07</u> Daytime Phone #: <u>561-862-0777</u>                   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |   |  |  |