


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90044 044 \*\*\*138.75

<b>DOCUMENT # L06000067738</b>		
1. Entity Name INTERFACE BRIER CREEK, LLC		

Principal Place of Business 2600 N MILITARY TRAIL STE 290 BOCA RATON, FL 33431	Mailing Address 2600 N MILITARY TRAIL STE 290 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 7777 Glades Road	3. Mailing Address 7777 Glades Road
Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33434	Zip 33434
USA	USA

60030102



04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5493114	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WHITE, JOHN II 1645 PALM BEACH LAKES BLVD STE 1200 WEST PALM BEACH, FL 33401	

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

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOODMAN, KENNETH J 2600 N MILITARY TRAIL STE 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	<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: 	Date 4-21-08	Daytime Phone # 561-477-2770
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