
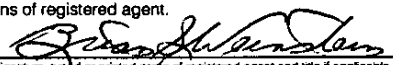
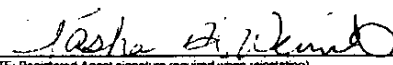
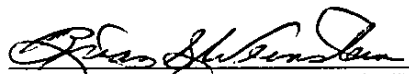
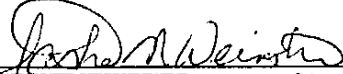


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90029 019 \*\*\*138.75

<b>DOCUMENT # L06000070995</b> 1. Entity Name <b>THE INTERPRETIVE WORD, LLC</b>					
Principal Place of Business <b>867 NOA STREET FORT PIERCE, FL 34982 US</b>			Mailing Address <b>867 NOA STREET FORT PIERCE, FL 34982 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6460 Needles Trail</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>6460 Needles Trail</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>20-5215412</b>	
Zip <b>32309</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEINSTEIN, BRIAN S 867 NOA STREET FORT PIERCE, FL 34982</b>			7. Name and Address of New Registered Agent Name <b>Weinstein, Tasha M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6460 Needles Trail</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32309</b>		
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   <b>1/27/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTEIN, BRIAN S 867 NOA STREET FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Weinstein, Tasha M. 6460 Needles Trail Tallahassee, FL 32309
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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:   <b>239-877-4096</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date <b>1/27/08</b> Daytime Phone #					