FILED 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 07 OCT 26 PM 4:31 DOCUMENT # L06000080749 SECRETARY OF STATE FALLAHASSEE, FLORIDA INTERSTATE SALES GROUP, LLC Principal Place of Business Mailing Address 5100 N. OCEAN DR., UNIT #1618 5100 N. OCEAN DR., UNIT #1618 LAUDERDALE BY THE SEA, FL 33308 LAUDERDALE BY THE SEA, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied Fo City & State City & State Not Applic \$5.00 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent COOPER, DAVID H Street Address (P.O. Box Number is Not Acceptable) 5100 N. OCEAN DR., UNIT #1618 LAUDERDALE BY THE SEA, FL. 33308 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 according to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Sgrattine, typed or printed name of registered agent and title if applicable DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Change TITLE ☐ Delete TITLE COOPER, DAVID H LAME NAME STREET ADDRESS 5100 N. OCEAN DR., UNIT #1618 STREET ADDRESS CITY-ST-70P LAUDERDALE BY THE SEA, FL 33308 CITY-ST-ZIP ☐ Change ☐ Ad MCRM TITLE Delete TITLE COOPER, LISA B NAME NAME 5100 N. OCEAN DR., UNIT #1618 STREET ADDRESS STREET ADDRESS 5/14/07 90366029 SITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 CITY-ST-ZIP fille Delete Change 🔲 Au THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-70P THE Delete [_] Ad Change HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Colete □ Aø NAME NAME STREET ADDRESS REINSTATEMENT STREET ADDRESS GITY - ST-ZIP CITY-ST-7IP THE Delete TITLE NAME NAME

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that hey 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 of long tager of the limited liability company or the reporter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

STREET ADDRESS

CITY+ST-ZiP

SIGNATURE: Low Cooper

STREET ADDRESS

017Y-57-21P