2007 LIMITED LIABILITY COMPANY

Apr 27, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000115127 04-27-2007 90033 013 ****50.00 1. Entity Name INTERFACE MYRTLE BEACH, LLC -~=&0J8 Principal Place of Business Mailing Address 2600 N. MILITARY TRAIL, SUITE 290 2600 N. MILITARY TRAIL. SUITE 290 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, JOHN II Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE □ Delete TITLE Change Addition GOODMAN, KENNETH J NAME NAME STREET ADDRESS 2600 N. MILITARY TRAIL, SUITE 290 STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition

11. I hereby certify that the information Supplied with this ng does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true accurate and tha ny signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the owered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the eiver or trustee

NAME

STREET ADDRESS

CITY-ST-7IP

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: USAN SIGNATURE AND TYPED OR PRINTED NAME SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED