2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # L06000115127** 04-28-2008 90044 013 ***138.75 INTERFACE MYRTLE BEACH, LLC Principal Place of Business Mailing Address 2600 N. MILITARY TRAIL, SUITE 290 2600 N. MILITARY TRAIL, SUITE 290 60030114 BOCA RATON, FL 33431 BOCA RATON, FL 33431 P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 04162008 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For 20-5990911 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 FI 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 register ersand title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 "Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE Delete TITEE ☐ Addition 7777 Glades Road, Suite 204 Boca Raton, FL 33484 NAME GOODMAN, KENNETH J NAME STREET ADDRESS 2600 N. MILITARY TRAIL, SUITE 290 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this liling 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 preceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #