

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045036

Entity Name: INTERART GROUP, LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

169 E FLAGLER STREET, STE 1534
MIAMI, FL 33131

Current Mailing Address:

169 E FLAGLER STREET, STE 1534
MIAMI, FL 33131

New Principal Place of Business:

2617 N 40 AVENUE
2617
HOLLYWOOD, FL 33021

New Mailing Address:

2617 N 40 AVENUE
2617
HOLLYWOOD, FL 33021

FEI Number: 45-0561618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DON GONSALEZ, P.A.
1820 N. CORPORATE LAKES BLVD, STE 201
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PANNECOUCKE, MARIA J
Address: 169 E FLAGLER STREET, STE 1534
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: CHANTEIRO, SERGIO O
Address: 169 E FLAGLER STREET, STE 1534
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PANNECOUCKE, MARIA J
Address: 2617 N 40 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR (X) Change () Addition
Name: CHANTEIRO, SERGIO O
Address: 2617 N 40 AV.
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MJP

MGR

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date