2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# L07000096563

Entity Name: I N F INTERVAL MANAGEMENT L.L.C.

Current Principal Place of Business:

26603 CASTVIEW WAY
ZEPHYRHILLS, FL 33543

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47574
TAMPA, FL 33646

New Mailing Address:

FEI Number: 26-1109041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERKINS, GINA
26603 CASTVIEW WAY
ZEPHYRHILLS, FL 33543 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: PERKINS, GINA
Address: 26603 CASTVIEW WAY
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: MGR ( ) Delete
Name: BRIDGERS, HARRY
Address: 699 SABLE PALMS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GINA PERKINS MS 01/05/2009

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