

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024937

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: SOC-INTERSTATE NORTH, LLC

**Current Principal Place of Business:**

121 SOUTH ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

121 SOUTH ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801 US

**New Mailing Address:**

FEI Number: 26-2180033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CALLAHAN, W. SCOTT  
37 NORTH ORANGE AVENUE  
SUITE 200  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

BUONO, J SCOTT RAE  
121 SOUTH ORANGE AVE  
SUITE 1500  
ORLANDO, FL 32801 US

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: J SCOTT RAE BUONO

08/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAE BUONO, J. SCOTT  
Address: 121 SOUTH ORANGE AVENUE, SUITE 1500  
City-St-Zip: ORLANDO, FL 32801 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BUONO, J. SCOTT RAE  
Address: 121 SOUTH ORANGE AVENUE, SUITE 1500  
City-St-Zip: ORLANDO, FL 32801 US

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: J SCOTT RAE BUONO

MGR

08/31/2009

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