

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002170

FILED
Apr 30, 2007
Secretary of State

Entity Name: INTEROP TECHNOLOGIES, LLC

Current Principal Place of Business:

2100 ELECTRONICS LANE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

2100 ELECTRONICS LANE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 38-3655032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DWYER, MARGARET M MS
2100 ELECTRONICS LANE
FORT MYERS, FL 33912 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: DWYER FAMILY LIMITED, PARTNERSHIP
Address: 2100 ELETRONIC LANE
City-St-Zip: FORT MYERS, FL 33912

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DWYER FAMILY LIMITED, PARTNERSHIP
Address: 2100 ELETRONIC LANE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Change (X) Addition
Name: DWYER, JOHN A MR
Address: 2100 ELECTRONICS LANE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Change (X) Addition
Name: DWYER, JAMES A MR
Address: 2100 ELECTRONICS LANE
City-St-Zip: FORT MYERS, FL 33912

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: JOHN A DWYER

MGRM

04/30/2007

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