

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90150 045 ***138.75

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02072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M07000006034			
1. Entity Name INTERVEST-910, LLC			
Principal Place of Business 1217 E. 33RD ST. TULSA, OK 74105		Mailing Address 1217 E. 33RD ST. TULSA, OK 74105	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 4779	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tulsa, OK	
Zip	Country	Zip	Country
74159	USA	4. FEI Number 73-1383913	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MURDOCH, ROBERT E 2455 EAST SUNRISE BOULEVARD STE 1000 FT LAUDERDALE, FL 33304		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 910 HOLDING LLC PO BOX 4779 TULSA, OK 74159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		3/11/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	
President of Intervest Management Ltd as manager of 910 Holding LLC			