FILE NOW: Fee after May 1, will be \$588.75



LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

Daytima Phone #

ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORA								HAR IO AM				
	FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	and Mailing Add ited Liability Con	fress	DOCU									
INTERDEVCO PROJECTS, L.C. 10560 NORTHWEST 27TH STREET UNIT 101 MIAMI FL 33172 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.								1a. Principal Place of Business Address 10560 NORTHWEST 27TH STREET UNIT 101 MIAMI FL 33172				
2 Principal Place of Business 2a. Mailing									nized or Qualified	3a. State	of Formation	
Suite, Apt #, etc. Suite, A					Apt. #, etc.			01/17/1	1			
								4. FEI Numb	er		Applied For	
City & State City					City & State						Not Applicable	
Z _i p		Country		Zip		Coun	try	5. Date of La 05/01/1	·		tronal Fee Required	
	7. Name	and Address	of Current F	legistered	Agent				Address of New Re	gistered A	gent	
10560 UNIT' MIAMI 9. Pursua its registe as registe	PL 331	72 ons of Sections of Sections of Sections of Sections of Sections Section 1.	OTH ST	State of Flo	rida. Such c	hange was	Suite, Apt. #, et City bove-named limite	c. od liability compar lative vote of a me		Zip Code ement for th rs. I hereby a	e purpose of changing accept the appointment	
10. Title				popointment) (NOTE: Registered Agent signature required when reinstate Business Street Address							Zip Code	
	SURIOL,	MARIA	1	ĺ		HWEST 271						
•								4	00002 -03/11 ****2	110 /970 03.75	5040 1129004 ****203.75	
indicated limited lial	on this annual re	port is true a	nd accurate ar	nd that my s	ignature sh	all have the	same legal effect a	as if made under	oath; that I am a ma	naging men	tify that the information ober or manager of the rs in Błock 10, or on an	