


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90020 002 \*\*\*\*55.00

DOCUMENT # L02000026130  
 1. Entity Name  
 INTEGRITY IN THE ACREAGE, LLC



Principal Place of Business  
 4631 10TH AVENUE NORTH  
 LAKE WORTH, FL 33463

Mailing Address  
 4631 10TH AVENUE NORTH  
 LAKE WORTH, FL 33463

24056699



2. Principal Place of Business  
 1750 N. Florida Mango Rd  
 Suite, Apt. #, etc. #200

3. Mailing Address  
 1750 N. Florida Mango Rd  
 Suite, Apt. #, etc. #200

04232004 Chg-LLC CR2E083 (10/03)

City & State  
 West Palm Beach, FL

City & State  
 West Palm Beach, FL

Zip  
 33409

Country  
 U.S.

Zip  
 33409

Country  
 U.S.

4. FEI Number  
 32-0039739

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MACK, ANDREW P  
 4631 10TH AVENUE NORTH  
 LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent  
 Name Andrew P. Mack  
 Street Address (P.O. Box Number is Not Acceptable)  
 1750 N. Florida Mango Rd #200  
 City West Palm Beach FL Zip Code 33409

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 *[Signature]*, Managing Member DATE 4/23/04  
(NOTE: Registered agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE P <input type="checkbox"/> Delete	MACK, ANDREW
NAME	6138 NEWPORT VILLAGE WAY
STREET ADDRESS	LAKE WORTH, FL 33463
CITY-ST-ZIP	
TITLE ST <input type="checkbox"/> Delete	MACK, ALAN T
NAME	142 VALENCIA ST.
STREET ADDRESS	WEST PALM BEACH, FL 33411
CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete	MACK, KENNETH R
NAME	3204 PIN OAK COURT
STREET ADDRESS	PALM BEACH GARDENS, FL 33410
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Mack, Alan T
CITY-ST-ZIP	16573 Key Lime Blvd Loxahatchee, FL 33470
TITLE NAME	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Mack, Kenneth R
CITY-ST-ZIP	1900 Consulate Pl #104 West Palm Beach, FL 33401
TITLE NAME	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Demare, Thomas J
CITY-ST-ZIP	9321 Bay Harbor Cir West Palm Beach, FL 33411
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: *[Signature]*, Managing Member DATE 4/23/04 561-721-9373  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone