


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90025 024 \*\*\*\*50.00

<b>DOCUMENT # L02000026130</b>							
1. Entity Name INTEGRITY IN THE ACREAGE, LLC							
Principal Place of Business 1750 N. FLORIDA MANGO RD #200 WEST PALM BEACH, FL 33409			Mailing Address 1750 N. FLORIDA MANGO RD #200 WEST PALM BEACH, FL 33409				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		04132005 Chg-LLC CR2E083 (10/03)			
Zip		Country		4. FEI Number 32-0039739			
				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				
MACK, ANDREW P 1750 N-FLORIDA MANGO RD #200 WEST PALM BEACH, FL 33409			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 _____							
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACK, ANDREW		NAME				
STREET ADDRESS	6138 NEWPORT VILLAGE WAY		STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACK, ALAN T		NAME				
STREET ADDRESS	16573 KEY LIME BLVD		STREET ADDRESS				
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACK, KENNETH R		NAME				
STREET ADDRESS	1900 CONSULATE PL #104		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMARE, THOMAS J		NAME				
STREET ADDRESS	9321 BAY HARBOR CIR		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 608, Florida Statutes.							
SIGNATURE: _____			Date: 4/13/05 581 721 9373				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #				

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