

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005615

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** INTEGRATED WEALTH MANAGEMENT GROUP, CHARTERED

**Current Principal Place of Business:**

1680 SW ST. LUCIE WEST BLVD  
SUITE 204  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

1680 SW ST. LUCIE WEST BLVD  
SUITE 204  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 59-3781369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BINSBACHAR, DANA A  
1680 ST. LUCIE WEST BLVD.  
SUITE 204  
PORT ST. LUCIE, FL 34986 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: BINSBACHAR, DANA A  
Address: 1680 SW ST. LUCIE WEST BLVD., SUITE 204  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGR ( ) Delete  
Name: BARSALOU, RICHARD T  
Address: 1680 SW ST. LUCIE WEST BLVD., SUITE 204  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANA A BINSBACHAR

PRES

01/09/2008

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