



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90058 015 ****50.00

DOCUMENT # L04000009136					
1. Entity Name INTEGRITY DEVELOPMENT OF S.W. FLORIDA, L.L.C.					
Principal Place of Business % JOHN A. MORAN, ESQ. 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236			Mailing Address % JOHN A. MORAN, ESQ. P.O. BOX 3948 SARASOTA, FL 34230-3948		
2. Principal Place of Business <i>1990 MAIN STREET</i>		3. Mailing Address		 02102005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. <i>SUITE 700</i>		Suite, Apt. #, etc.			
City & State <i>Sarasota, FL</i>		City & State			
Zip <i>34236</i>	Country <i>U.S.</i>	Zip	Country		
4. FEI Number				Applied For <input checked="" type="checkbox"/> 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		
MORAN, JOHN A ESQ 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>1990 Main Street, Suite 700</i>		
			City <i>Sarasota</i>	State <i>FL</i>	Zip Code <i>34236</i>
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 <i>[Signature]</i> DATE <i>2/28/05</i>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<i>Authorized Manager</i>		
STREET ADDRESS		STREET ADDRESS	<i>John A. Moran</i>		
CITY-ST-ZIP		CITY-ST-ZIP	<i>P.O. Box 3948</i>		
			<i>Sarasota, FL 34230</i>		
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			
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: <i>[Signature]</i> <i>Auth Manager</i> DATE <i>2/28/05</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					