2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M07000006475 01-09-2008 90021 005 ***138.75 1. Entity Name INTEGRA SHORES DEVELOPMENT, LLC Principal Place of Business Mailing Address კუუუფა -1525 INTERNATIONAL PARKWAY, SUITE 2001 1525 INTERNATIONAL PARKWAY, SUITE 2001 LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State Not Applicable Country Zio \$5.00 Additional Zio Country 5. Certificate of Status Desired Fee Required 7...Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION COMPANY OF ORLANDO Street Address (P.O. Box Number is Not Acceptable) 300 S. ORANGE AVE., SUITE 1000 (DTO) ORLANDO, FL 32801 City 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. FILE NOW!!! FEE IS \$138.755 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGRM ☐ Delete TITLE Addition INTEGRA SHORES DEVELOPMENT, INC. NAME NAME 1525 INTERNATIONAL PARKWAY, SUITE 2001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZW me ☐ Delete IIII F Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TILLE ☐ Chance ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE ☐ Delete TIFLE ☐ Change ☐ Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TILE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 ceth; 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

DAVID G. MCDANIEI

SIGNATURE:

FILED Feb 07, 2008 8:00 am **Secretary of State**