

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014726

FILED
Feb 25, 2009
Secretary of State

Entity Name: INTEGRAL SOLUTIONS INVESTORS, L.L.C.

Current Principal Place of Business:

2701 PONCE DE LEON BOULEVARD, SUITE 202
CORAL GABLES, FL 33134

New Principal Place of Business:

3225 AVIATION AVE
304
COCONUT GROVE, FL 33133

Current Mailing Address:

2701 PONCE DE LEON BOULEVARD, SUITE 202
CORAL GABLES, FL 33134

New Mailing Address:

3225 AVIATION AVE
304
COCONUT GROVE, FL 33133

FEI Number: 26-2127573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LURMAN, MARGA
2701 PONCE DE LEON BOULEVARD, SUITE 202
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DEGWITZ, MARGA
3225 AVIATION AVE
304
COCONUT GROVE, FL 33133 US

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: MARGA DEGWITZ

02/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LURMAN, MARGA
Address: 2701 PONCE DE LEON BOULEVARD, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: LURMAN, MAURO
Address: 2701 PONCE DE LEON BOULEVARD, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: LURMAN, HENRY
Address: 2701 PONCE DE LEON BOULEVARD, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEGWITZ, MARGA
Address: 3225 AVIATION AVE, STE-340
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR (X) Change () Addition
Name: IURMAN, MAURO
Address: 3225 AVIATION AVE, STE-304
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR (X) Change () Addition
Name: IURMAN, HENRY
Address: 3225 AVIATION AVE, STE-304
City-St-Zip: COCONUT GROVE, FL 33133

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: MARGA DEGWITZ

MGR

02/25/2009

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