2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE DOCUMENT # A04000000646 DIVISION OF CORPORATIONS INTEGRA INVESTMENT MANAGEMENT, LIMITED 05 FEB -7 AM 9: 44 **PARTNERSHIP** Mailing Address Principal Place of Business 301 N.E. YAMATO ROAD, SUITE 3115 301 N.E. YAMATO ROAD, SUITE 3115 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 02012005 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional Ζiρ Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 -Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$500,000.00 as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY L04000029741 DOCUMENT # STREET ADDRESS INTEGRA GP, LLC NAME STREET ADDRESS 301 N.E. YAMATO ROAD, SUITE 3115 CITY-ST-ZIP CITY-ST-7IP BOCA RATON, FL 33431 DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS <u>100046488941</u> STREET ADDRESS 02/14/05--01014--010 \*\*526.25 CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter \$20, Florida Statutes **SIGNATURE:** 

FILED