

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A05000002140

1. Entity Name
 INTEGRITY FLORIDA FUNDING, LIMITED PARTNERSHIP



Principal Place of Business
 809 EAST MAIN STREET
 SPARTANBURG, SC 29302

Mailing Address
 809 EAST MAIN STREET
 SPARTANBURG, SC 29302

2. Principal Place of Business - No P.O. Box #

84 Villa Road

Suite, Apt. #, etc.

3. Mailing Address

84 Villa Road

Suite, Apt. #, etc.

City & State

Greenville, SC

Zip
 29615

Country

USA

City & State

Greenville, SC

Zip

29615

Country

USA

05302007

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-3994190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S.,
 the limited partnership did not receive the
 prior notice.

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

DOCUMENT # L05000114057
 NAME IFF GP, LLC
 STREET ADDRESS 809 EAST MAIN STREET
 CITY-ST-ZIP SPARTANBURG, SC 29302

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

84 Villa Road

CITY-ST-ZIP

Greenville, SC 29615

STREET ADDRESS

CITY-ST-ZIP

800105875269
 07/10/07--01045--014 **500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 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 620, Florida Statutes

SIGNATURE:

[Signature]

C. Dan Adams

5/30/07

(864) 672-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED
 07 JUN 26 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

