

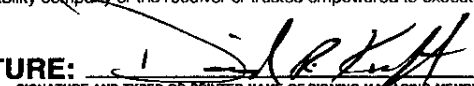


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90221 019 \*\*\*\*50.00

<b>DOCUMENT # L00000013358</b>			
1. Entity Name <b>INTEGRITY ASSETS MANAGEMENT LLC</b>			
Principal Place of Business <b>1605 MAIN ST., STE. 912 SARASOTA, FL 34236</b>		Mailing Address <b>1605 MAIN ST., STE. 912 SARASOTA, FL 34236</b>	
2. Principal Place of Business <b>6030 N. Lockwood Ridge Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>6030 N. Lockwood Ridge Rd.</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34243</b>	Country <b>U.S.A.</b>	Zip <b>34243</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent <b>SCOVILL, H. WILLIAM 1605 MAIN ST., STE. 912 SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name <b>DAVID R. KRAFT</b> Street Address (P.O. Box Number is Not Acceptable) <b>6030 N. Lockwood Ridge Rd.</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34243</b>	
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  <b>3-29-04</b> <small>Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAFT, DAVID R 6717 2ND AVE. CIR.W. BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAFT, VICTORIA L 6717 2ND AVE. CIR. W. BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		<b>3-29-04</b> <b>941-355-4838</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	



03262004 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1053647** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required