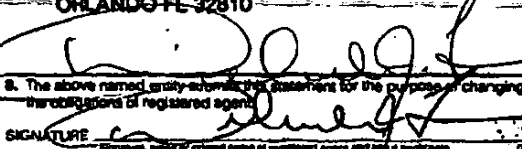


FILED
Apr 22, 2004 8:00 am
Secretary of State

03-09-2004 90291 008 ****50.00
03-25-2004 90214 036 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L01000013829			
1. Entity Name UNITED INTEGRITY, LLC			
Principal Place of Business 230 NORTH WESTMONTE DRIVE, SUITE 2100 ALTAMONTE SPRINGS FL 32714		Mailing Address 230 NORTH WESTMONTE DRIVE, SUITE 2100 ALTAMONTE SPRINGS FL 32714	
2. Principal Place of Business		3. Mailing Address 4500 S. SAILBREEZE CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		4. FEI Number 59-3748255	
Zip 32810		Country US	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TURNER, DEBORAH J 4500 SAILBREEZE COURT ORLANDO FL 32810		7. Name and Address of New Registered Agent	
Name TURNER, DEBORAH J		Street Address (P.O. Box Number is Not Acceptable)	
City Orlando		State FL	
Zip Code 32810		Zip Code	
8. The above named entity solemnly states 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 		DATE 2/29/04	
9. MANAGING MEMBERS / MANAGERS			
10. MANAGING MEMBERS / MANAGERS		11. MANAGING MEMBERS / MANAGERS	
TITLE MGRM		TITLE MGRM	
NAME TURNER, DEBORAH J		NAME TURNER, DEBORAH J	
STREET ADDRESS 230 N WESTMONTE DR #2100		STREET ADDRESS 230 N WESTMONTE DR #2100	
CITY-STATE-ZIP ALTAMONTE SPRINGS FL 32714		CITY-STATE-ZIP ALTAMONTE SPRINGS FL 32714	
12. I hereby certify that the information supplied with this filing does not qualify for the exception stated in Section 119.07(3)(b), 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 605, Florida Statutes.		13. I hereby certify that the information supplied with this filing does not qualify for the exception stated in Section 119.07(3)(b), 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 605, Florida Statutes.	
SIGNATURE 		DATE 3/30/04	

34003864



MOORE CR2E083 (11/03)

THIS IS OUR
COMPANY AND OUR
ADDRESS. WE HAVE
SENT YOU 2 CHECKS
FOR \$500.00 EACH SO YOU
HAVE \$1000.00 FOR THE 2004
LLC #13829
4-20-04

7477