2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000002275

1. Entity Name
INTEGRITY FIRST TITLE, LLC

Principal Place of Business	Mailing Address
10312 BLOOMINGDALE AVE. SUITE A-2 RIVERVIEW, FL 33569	10312 BLOOMINGDALE AVE. SUITE A-2 RIVERVIEW, FL 33569

02092005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0383037
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DISCHNER, MICHAEL J
10312 BLOOMINGDALE AVE.
RIVERVIEW, FL 33569

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DISCHNER, MICHAEL J
STREET ADDRESS	10312 BLOOMINGDALE AVE STE A-2
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	MGR
NAME	CAMPOAMOR, JOSE M JR
STREET ADDRESS	10312 BLOOMINGDALE AVE STE A-2
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: _____ 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #