

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90020 004 \*\*\*\*55.00

<b>DOCUMENT # L02000026129</b> 1. Entity Name <b>INTEGRITY DEVELOPMENT, LLC</b>					
Principal Place of Business <b>4631 10TH AVENUE NORTH LAKE WORTH, FL 33463</b>			Mailing Address <b>4631 10TH AVENUE NORTH LAKE WORTH, FL 33463</b>		
2. Principal Place of Business <b>1750 N Florida Mango Rd #200</b> Suite, Apt. #, etc.			3. Mailing Address <b>1750 N. Florida Mango Rd #200</b> Suite, Apt. #, etc.		
City & State <b>West Palm Bch, FL</b>		City & State <b>West Palm Beach, FL</b>		4. FEI Number <b>37-1447265</b>	
Zip <b>33409</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MACK, ANDREW P 4631 10TH AVENUE NORTH LAKE WORTH, FL 33463</b>				7. Name and Address of New Registered Agent Name <b>Andrew P. Mack</b> Street Address (P.O. Box Number is Not Acceptable) <b>1750 N. Florida Mango Rd #200</b> City <b>West Palm Beach</b> <b>FL</b> Zip <b>33409</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 <u><i>Andrew P. Mack</i></u> <b>managing member</b> DATE <b>4/23/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MACK, ANDREW P</b> <b>6138 NEWPORT VILLAGE WAY</b> <b>LAKE WORTH, FL 33463</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MACK, KENNETH R</b> <b>3204 PINE OAK COURT</b> <b>PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DEMARE, THOMAS J</b> <b>9321 BAY HARBOR CIR.</b> <b>WEST PALM BEACH, FL 33411</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MACK, ALAN T</b> <b>142 VALENCIA</b> <b>WEST PALM BEACH, FL 33411</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Mack Kenneth R</b> <b>1900 Consulate Pl #104</b> <b>West Palm Beach, FL 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>Mack, Alan T</b> <b>11573 Key Lime Blvd</b> <b>Loxahatchee, FL 33470</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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.					
<b>SIGNATURE:</b> <u><i>Andrew P. Mack</i></u> <b>managing member</b> DATE <b>4/23/04</b> 561-721-9373 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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