

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 035 ****50.00

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DOCUMENT # L02000026129 1. Entity Name INTEGRITY DEVELOPMENT, LLC			
Principal Place of Business 1750 N FLORIDA MANGO RD. #200 WEST PALM BEACH, FL 33409		Mailing Address 1750 N FLORIDA MANGO RD. #200 WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # 4611 Okeechobee Blvd. Suite, Apt. #, etc. 110		3. Mailing Address 4611 Okeechobee Blvd. Suite, Apt. #, etc. 110	
City & State WPB, FL		City & State WPB, FL	
Zip 33417		Zip 33417	
Country Palm Beach		Country Palm Beach	
4. FEI Number 37-1447265		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01092007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MACK, ANDREW P 1750 N FLORIDA MANGO RD. #200 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Andrew P Mack Street Address (P.O. Box Number is Not Acceptable) 4611 Okeechobee Blvd #110 City WPB State FL Zip Code 33417	
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 ANDREW MACK PRESIDENT DATE 4/6/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACK, ANDREW P 6138 NEWPORT VILLAGE WAY LAKE WORTH, FL 33463	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP MACK, ALAN T 16573 KEY LIME BLVD. LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: ANDREW MACK		Date 4/6/07 Daytime Phone # 561-721-9373	