
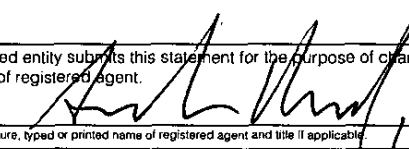
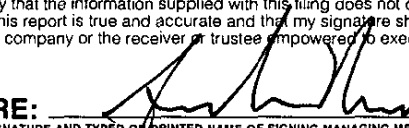


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2004 90020 002 ****55.00

DOCUMENT # L02000026130 1. Entity Name INTEGRITY IN THE ACREAGE, LLC					
Principal Place of Business 4631 10TH AVENUE NORTH LAKE WORTH, FL 33463			Mailing Address 4631 10TH AVENUE NORTH LAKE WORTH, FL 33463		
2. Principal Place of Business 1750 N. Florida Mango Rd Suite, Apt. #, etc. #200		3. Mailing Address 1750 N. Florida Mango Rd Suite, Apt. #, etc. #200			
City & State West Palm Beach, FL		City & State West Palm Beach, FL			
Zip 33409		Country U.S.		4. FEI Number 32-0039739	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MACK, ANDREW P 4631 10TH AVENUE NORTH LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name Andrew P. Mack Street Address (P.O. Box Number is Not Acceptable) 1750 N. Florida Mango Rd #200 City West Palm Beach FL Zip Code 33409		
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 4/23/04		
Filing Fee is \$50.00 Due by May 1, 2004			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 6138 NEWPORT VILLAGE WAY LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MACK, ALAN T 142 VALENCIA ST. WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MACK, KENNETH R 3204 PIN OAK COURT PALM BEACH GARDENS, FL 33410		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Mack, Kenneth R 1900 Consulate Pl #104 West Palm Beach, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Demare, Thomas J 9321 Bay Harbor Cir West Palm Beach, FL 33411		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: 			DATE 4/23/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone 561-721-9373		

24056699

