

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031754

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: INTEGRATIVE PROPERTIES, L.L.C.

## Current Principal Place of Business:

3982 BEE RIDGE ROAD  
BUILDING H, SUITE J  
SARASOTA, FL 34233

## New Principal Place of Business:

3982 BEE RIDGE ROAD  
SUITE J  
SARASOTA, FL 34233

## Current Mailing Address:

3982 BEE RIDGE ROAD, BUILDING H, SUITE J  
SARASOTA, FL 34233

## New Mailing Address:

3982 BEE RIDGE ROAD  
SUITE J  
SARASOTA, FL 34233

FEI Number: 59-3762675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARVEY, W. FREDERIC  
3982 BEE RIDGE ROAD  
BUILDING H, SUITE J  
SARASOTA, FL 34233 US

## Name and Address of New Registered Agent:

HARVEY, WILLIAM F  
3982 BEE RIDGE ROAD  
SUITE J  
SARASOTA, FL 34233 US

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.

SIGNATURE: WILLIAM F HARVEY

04/30/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HARVEY, W. FREDERIC  
Address: 3982 BEE RIDGE ROAD, BUILDING H, SUITE J  
City-St-Zip: SARASOTA, FL 34233

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HARVEY, WILLIAM F  
Address: 3982 BEE RIDGE ROAD, SUITE J  
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM F HARVEY

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date