2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008485

1. Entity Name
INTEGRITYHAVEN, LLC

Principal Place of Business	Mailing Address
1920 PALM BEACH LAKES BLVD. SUITE 217 WEST PALM BEACH, FL 33409	P.O. BOX 740262 BOYNTON BEACH, FL 33474

DO NOT WRITE IN THIS SPACE

04282005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
58-2672784	Not Applicable

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

6. Name and Address of Current Registered Agent

NOONE, THOMAS P III
1920 PALM BEACH LAKES BLVD.
SUITE 217
WEST PALM BEACH, FL 33409

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NOONE, THOMAS P III
STREET ADDRESS	1920 PALM BEACH LAKES BLVD., SUITE 217
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	MGRM
NAME	MENDENHALL, LESLIE A
STREET ADDRESS	1920 PALM BEACH LAKES BLVD., SUITE 217
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80123-024 50.00

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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: _~~~~~~~~~~~_   Leslie A. Mendenhall 4/28/05   (561) 684-6242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #