

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015237

Entity Name: FIRST INTEGRITY MORTGAGE LLC

FILED
May 02, 2008
Secretary of State

Current Principal Place of Business:

1514 S. ALEXANDER STREET
SUITE 207
PLANT CITY, FL 33563

New Principal Place of Business:

1506 JAMES L. REDMAN PARKWAY
PLANT CITY, FL 33563

Current Mailing Address:

1514 S. ALEXANDER STREET
SUITE 207
PLANT CITY, FL 33563

New Mailing Address:

1506 JAMES L. REDMAN PARKWAY
PLANT CITY, FL 33563

FEI Number: 41-2092618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARTHLE, DREW A
1309 LITTLE ALAFIA DRIVE
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

BARTHLE, DREW A
1506 JAMES L. REDMAN PARKWAY
PLANT CITY, FL 33563 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:

05/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARTHLE, DREW A
Address: 1309 LITTLE ALAFIA DRIVE
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARTHLE, DREW A
Address: 1506 JAMES L. REDMAN PARKWAY
City-St-Zip: PLANT CITY, FL 33563

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: DREW A BARTHLE

MGRM

05/02/2008

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