



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90024 028 ****50.00

DOCUMENT # L03000032629 1. Entity Name E-INTEGRATE, LLC					
Principal Place of Business 2130 CROWNSNEST DRIVE PALM HARBOR, FL 34685 US			Mailing Address 36181 E. LAKE ROAD NO. 395 PALM HARBOR, FL 34685 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2130 CROWNSNEST DRIVE Suite, Apt. #, etc.			
City & State PALM HARBOR FLORIDA		City & State PALM HARBOR FLORIDA			
Zip 34685	Country US	4. FEI Number 20-0216276	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02162005 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent KARCH, ERIC 2130 CROWNSNEST DRIVE PALM HARBOR, FL 34685			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARCH, ERIC 2130 CROWNSNEST DRIVE PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M PAUL N. BARDUA 2130 CROWNSNEST DRIVE PALM HARBOR, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Paul N. Bardua</u> FEBRUARY 23, 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					