


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90160 004 \*\*\*138.75

<b>DOCUMENT # L03000035834</b>	
1. Entity Name <b>INTEGRITY HOME TEAM, LLC</b>	

Principal Place of Business <b>545 MARGARET ST. MERRITT ISLAND, FL 32953 US</b>	Mailing Address <b>545 MARGARET ST. MERRITT ISLAND, FL 32953 US</b>
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**50004853**



2. Principal Place of Business - No P.O. Box # <b>2272 W. Clovelly LN</b>	3. Mailing Address <b>2272 W. Clovelly LN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01282008 Chg-LLC CR2E083 (12/06)

City & State <b>St. Augustine FL</b>	City & State <b>St. Augustine FL</b>
Zip <b>32092</b>	Zip <b>32092</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-0360481</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BROLL, WILLIAM 545 MARGARET ST. MERRITT ISLAND, FL 32953</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>2272 W. Clovelly LN</b>
City	<b>St. Augustine FL</b>
Zip Code	<b>32092</b>

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 _____
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR INTEGRITY MANAGEMENT GROUP, INC. 545 MARGARET ST. MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2272 W. Clovelly LN St. Augustine FL 32092</b>
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 exemptions contained in Chapter 119, 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>William Broll</u>	Date: <u>4-14-08</u>	Daytime Phone #: <u>321-626-4666</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		