
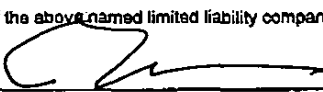



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY 8006 <i>Annual Report</i>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		JAN 26 - 6 PM 4:38 SECRETARY OF STATE TALLAHASSEE FLORIDA M. HODGES 3/6	
DOCUMENT # L03-42093					
1. Limited Liability Company's Name <div style="text-align: center; font-size: 1.2em;">INTEGRITAS PARTNERS LLC</div>					
2. Principal Office Address 1550 MADRUGA AVE. Suite, Apt. #, etc. 403 City & State CORAL GABLES FL		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State FL		4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/31/03		6. FEI Number 134249482		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		55.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent					
Name AGUSTIN DE GONTISOLO, ESQ					
Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD, #1172					
Suite, Apt. #, Etc. #1172					
City CORAL GABLES FL		State FL		Zip Code 33134	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent  Date 01/24/06 REGISTERED AGENT MUST SIGN AGUSTIN DE GONTISOLO, ESQ.					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MD	DOLORES DE GONTISOLO	3214 SW 12th	CORAL GABLES FL 33134		
MD	AGUSTIN DE GONTISOLO, ESQ.	1550 MADRUGA AVE #403	CORAL GABLES FL 33146		
			55.00		
			OP \$175.00		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
Signature of Managing Member/Manager  Date 01/24/06 Daytime Phone # 205.468.9799 EDUARDO SANCHEZ-CARMONA 342.3412					
Typed or printed name of signing Managing Member/Manager					