


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000000680 1. Entity Name INTEGRA M.C., L.L.C.						FILED 05 APR 29 AM 10: 50 <i>Wc 05/02/05</i> SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 640 SOUTH PARK RD APT. 425 HOLLYWOOD, FL 33021				Mailing Address 640 SOUTH PARK RD APT. 425 HOLLYWOOD, FL 33021			
2. Principal Place of Business <i>2645 Executive Park Dr</i>				3. Mailing Address <i>(JANE)</i>			
Suite, Apt. #, etc. <i>117</i>				Suite, Apt. #, etc. <i>117</i>			
City & State <i>Weston FL</i>				City & State <i>Weston, FL</i>			
Zip <i>33331</i>		Country <i>U.S.A</i>		Zip <i>33331</i>		Country <i>U.S.A</i>	
4. FEI Number <i>30-0222947</i>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MEDINA, JIMMY 640 SOUTH PARK RD APT. 425 HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name MEDINA, JIMMY Street Address (P.O. Box Number is Not Acceptable) 640 South Park RD Apt 425 City Hollywood FL Zip Code 33021			
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 <i>Jimmy Medina</i> 01-24-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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	MGRM MEDINA, JIMMY 640 SOUTH PARK RD, APT 425 HOLLYWOOD, FL 33021			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIMENEZ, GONZALO 1749 Harbor Pointe View Circle Weston, FL 33327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	02-14-05 90175 045 50.00 <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		
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		
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: <i>Jimmy Medina</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>01/24/05</i> <small>Daytime Phone #</small>			