

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90181 015 ****50.00

DOCUMENT # L04000004726					
1. Entity Name INTEGRATED INVESTMENTS GROUP, L.L.C.					
Principal Place of Business C/O CLIFFORD J. BENEZRA 2500 EAST HALLANDALE BEACH BLVD, STE QR HALLANDALE, FL 33009			Mailing Address C/O CLIFFORD J. BENEZRA 2500 EAST HALLANDALE BEACH BLVD, STE QR HALLANDALE, FL 33009		
2. Principal Place of Business 2100 E. HALLANDALE Suite, Apt. #, etc. SUITE 307 City & State HALLANDALE, FL Zip 33009 Country USA		3. Mailing Address 2100 E. HALLANDALE Suite, Apt. #, etc. SUITE 307 City & State HALLANDALE, FL Zip 33009 Country USA			
01062005 Chg-LLC CR2E083 (10/03)					
4. FEI Number 20-0614661				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 KRAMER, ROBERT M 4000 HOLLYWOOD BOULEVARD, STE 485-SOUTH HOLLYWOOD, FL 33021			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 BENEZRA, CLIFFORD J. 2500 E HALLANDALE BEACH BOULEVARD, STE QR HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BENEZRA, CLIFFORD J. 2100 E. HALLANDALE BLVD #307 HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BENEZRA, LANA JO 2500 E HALLANDALE BEACH BOULEVARD, STE QR HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BENEZRA, LANA JO 2100 E HALLANDALE #307 HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ 1/6/05 Date Daytime Phone #					