2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000004726

1. Entity Name
INTEGRATED INVESTMENTS GROUP, L.L.C.

Principal Place of Business	Mailing Address
2100 E HALLENDALE STE 307 HALLANDALE, FL 33009	2100 E HALLENDALE STE 307 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

D1062006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0614661
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLWOOD BOULEVARD, STE 485-SOUTH
HOLLYWOOD, FL 33021

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000003833013
01/12/06-80037-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BENEZRA, CLIFFORD J
STREET ADDRESS	2100 E HALLENDALE BLVD STE 307
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	MGR
NAME	BENEZRA, LANA JO
STREET ADDRESS	2100 E HALLENDALE BLVD STE 307
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 1/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #