

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90037 011 ****50.00

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03192007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000022506 1. Entity Name INTEGRITY INVESTORS, LLC					
Principal Place of Business 15535 WOODWAY DR. TAMPA, FL 33613			Mailing Address 15535 WOODWAY DR. TAMPA, FL 33613		
2. Principal Place of Business - No P.O. Box # 17920 LAKE CARLTON DR Suite, Apt. #, etc. B		3. Mailing Address 17920 LAKE CARLTON DR Suite, Apt. #, etc. B			
City & State LUTZ FL		City & State LUTZ FL		4. FEI Number 20-0844057	
Zip 33558		Country HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GEER, ALAN K P.A. 7401 D TEMPLE TERRACE HWY. TAMPA, FL 33637			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 40%;"> DATE _____ </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBEE, MICHELLE 15535 WOODWAY DR. TAMPA, FL 33613	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENSON, TODD R 607 BLUEGILL CT. TAMPA, FL 33613	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLYNN SCOTT PETERS 15535 WOODWAY DR. TAMPA, FL 33613	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLYNN SCOTT PETERS 15535 WOODWAY DR. TAMPA, FL 33613	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLYNN SCOTT PETERS 15535 WOODWAY DR. TAMPA, FL 33613	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLYNN SCOTT PETERS 15535 WOODWAY DR. TAMPA, FL 33613	<input type="checkbox"/> Delete <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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: </div> <div style="width: 40%;"> MICHELLE MCBEE </div> <div style="width: 20%;"> 03/31/07 813-760-5477 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</div> <div>Date</div> <div>Daytime Phone #</div> </div>					