

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 04, 2008 8:00 am
Secretary of State**

04-04-2008 90133 018 ***138.75

DOCUMENT # L04000022506

1. Entity Name
INTEGRITY INVESTORS, LLC



Principal Place of Business
17920 LAKE CARLTON DR
B
LUTZ, FL 33558

Mailing Address
17920 LAKE CARLTON DR
B
LUTZ, FL 33558

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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 *MICHELLE MCBEE*

Street Address (P.O. Box Number is Not Acceptable)

17920-B LAKE CARLTON DR

City *LUTZ*

FL Zip Code *33558*

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: *MICHELLE MCBEE*

MICHELLE MCBEE

03/25/08

Signature typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS / CHANGES

TITLE MGR
NAME MCBEE, MICHELLE
STREET ADDRESS 17920-B LAKE CARLTON DR
CITY-ST-ZIP LUTZ, FL 33558

Delete

Change Addition

TITLE MGR
NAME STEPHENSON, TODD R
STREET ADDRESS 607 BLUEGILL CT.
CITY-ST-ZIP TAMPA, FL 33613

Delete

Change Addition

TITLE MGR
NAME GLYNN SCOTT PETERS
STREET ADDRESS 15535 WOODWAY DR.
CITY-ST-ZIP TAMPA, FL 33613

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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.

SIGNATURE: *MICHELLE MCBEE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

813-760-5477

03/25/08