

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069167

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE INTEGRATED GROUP LLC

Current Principal Place of Business:

5775 BLUE LAGOON DRIVE
SUITE 230
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5775 BLUE LAGOON DRIVE
SUITE 230
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-1647631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, RICHARD A
5775 BLUE LAGOON DRIVE
SUITE 230
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GARCIA, RICHARD A
Address: 5775 BLUE LAGOON DRIVE SUITE 230
City-St-Zip: MIAMI, FL 33126 US

Title: MGRM () Delete
Name: LLORENTE, ROBERT
Address: 5775 BLUE LAGOON DRIVE, STE 230
City-St-Zip: MIAMI, FL 33126 US

Title: MGRM () Delete
Name: BARRIOS, SEAN
Address: 5775 BLUE LAGOON DRIVE SUITE 230
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD A GARCIA

MGRM

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date