

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090555

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** INTEGRITY AND TRUST REAL ESTATE INVESTORS GROUP, LLC

**Current Principal Place of Business:**

2223 S.W. 153 PATH  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

2223 S.W. 153 PATH  
MIAMI, FL 33185

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABALLERO, GABRIEL  
2223 S.W. 153 PATH  
MIAMI, FL 33185    US

**Name and Address of New Registered Agent:**

GASTESI & ASSOCIATES, PA  
8105 NW 155 STREET  
MIAMI LAKES, FL 33016    US

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: RAUL GASTESI

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      DI                      ( ) Change (X) Addition  
Name:                      GABRIEL, CABALLERO SR.  
Address:                      2223 SW 153 PATH  
City-St-Zip:                      MIAMI, FL 33185

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: GABRIEL CABALLERO

DI

04/29/2005

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