## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 07, 2007 8:00 am Secretary of State DOCUMENT # L05000010808 03-07-2007 90218 018 \*\*\*\*50.00 SOUTH FLORIDA INTREGRITY REALTY AND INVESTMENTS, LLC Principal Place of Business Mailing Address 10695 DALMANY WAY 10695 DALMANY WAY ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 02212007 Chg-LLC CR2E083 (12/06) AKE LAKE City & State City & State 4. FEI Number Applied For WORTH 20-2403255 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCNEIL, MILTON Street Address (P.O. Box Number is Not Acceptable) 10695 DALMANY WAY ROYAL PALM BEACH, FL 33411 Zip Code 8. The above named entity supmits 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 registere agent. MILTON Me NEIL-Men 101 Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRP TITLE ☐ Defete TITLE ☐ Change ■ Addition MCNEIL, MILTON NAME NAME STREET ADDRESS 10695 DALMANY WAY STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE □ Defete ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITE F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED