

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90065 050 \*\*\*\*55.00

**DOCUMENT # L05000027515**

1. Entity Name

INTEGRATED ASSETS INVESTMENTS, LLC



Principal Place of Business

212 COLUMBIA DRIVE  
LAKE WORTH FL 33460  
US

Mailing Address

212 COLUMBIA DRIVE  
LAKE WORTH FL 33460  
US



2. Principal Place of Business

3040 Lake Shore Dr.  
Suite, Apt. #, etc.  
#303

3. Mailing Address

3040 Lake Shore Dr. #303  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Riviera Beach, FL

City & State

Riviera Bch, FL

4. FEI Number

61-1486134

Applied For

Not Applicable

Zip

33404

Country

USA

Zip

33404

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301  
Daniela Riccelli  
3040 Lake Shore Dr.  
#303  
Riviera Bch, FL 33404

7. Name and Address of New Registered Agent

Name: Daniela Riccelli  
Street Address (P.O. Box Number is Not Acceptable): 3040 Lake Shore Dr. #303  
City: Riviera Bch FL Zip Code: 33408

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

04/13/06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete  
NAME: RICCELLI, DANIELA  
STREET ADDRESS: 212 COLUMBIA DRIVE  
CITY-ST-ZIP: LAKE WORTH FL 33460

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS: 3040 Lake Shore Dr. #303  
CITY-ST-ZIP: Riviera Bch, FL 33404

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

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

04/13/06

Date

Daytime Phone: #