

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058980

Entity Name: INTEGRALE INVESTMENTS, LLC

FILED  
Feb 26, 2007  
Secretary of State

## Current Principal Place of Business:

345 BAYSHORE BOULEVARD  
#1409  
TAMPA, FL 33606 US

## New Principal Place of Business:

4004 S. MACDILL AVE.  
TAMPA, FL 33611 US

## Current Mailing Address:

345 BAYSHORE BOULEVARD  
#1409  
TAMPA, FL 33606 US

## New Mailing Address:

4004 S. MACDILL AVE.  
TAMPA, FL 33611 US

FEI Number: 20-3658830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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/MANAGERS:

Title: MR. ( ) Delete  
Name: KNUTSSON, KEITH S D  
Address: 345 BAYSHORE BLVD.  
City-St-Zip: TAMPA, FL 33606 US

Title: MR. ( ) Delete  
Name: HOFFMAN, MATTHEW P D  
Address: 4004 S. MACDILL AVE.  
City-St-Zip: TAMPA, FL 33611 US

## ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition  
Name: KNUTSSON, KEITH S D  
Address: 4004 S. MACDILL AVE.  
City-St-Zip: TAMPA, FL 33611 US

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 Chapter 119, 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: KEITH KNUTSSON

D

02/26/2007

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