

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061965

FILED  
Jul 16, 2006  
Secretary of State

**Entity Name:** INTERGRITY REAL ESTATE HOLDING COMPANY, LLC

**Current Principal Place of Business:**

3709 SE 18 PLACE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

3709 SE 18 PLACE  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 33-1121809      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

REED, MARLENE  
3709 SE 18 PLACE  
CAPE CORAL, FL 33904      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REED, MARLENE  
Address: 3709 SE 18 PLACE  
City-St-Zip: CAPE CORAL, FL 33904

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

**ADDITIONS/CHANGES:**

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

Title: MM ( ) Change (X) Addition  
Name: MORTEN, BAKER E  
Address: 3709 SE 18 PLACE  
City-St-Zip: CAPE CORAL, FL 33904

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: MARLENE REED

MGRM

07/16/2006

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