


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90023 029 ****50.00

DOCUMENT # L05000069696	
1. Entity Name INTEGRAR, LLC	

Principal Place of Business 601 BRICKELL KEY DRIVE 700 MIAMI, FL 33131 -US	Mailing Address 601 BRICKELL KEY DRIVE 700 MIAMI, FL 33131 US
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60041822



2. Principal Place of Business - No P.O. Box # 2001 Biscayne Blvd.	3. Mailing Address
Suite, Apt. #, etc. Suite 2318	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33137	Country US

04142007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
JEFFREY E. CAMPION, P.A. 1730 MAIN ST. 216 WESTON, FL 33326	

4. FEI Number 20-3172356	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

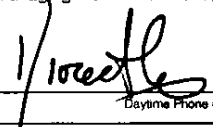
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, VIOLETA 601 BRICKELL KEY DR., SUITE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 Biscayne Blvd., Suite 2318 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARASSI, DIEGO 601 BRICKELL KEY DR., SUITE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 Biscayne Blvd., Suite 2318 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LETTIERI MASSETTA, GERMAN 601 BRICKELL KEY DR., SUITE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 Biscayne Blvd., Suite 2318 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date	Daytime Phone #