

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074309

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: INTEGRITY RESORTS LAND, LLC

## Current Principal Place of Business:

21036 N. US 231  
FOUNTAIN, FL

## New Principal Place of Business:

21036 N. US 231  
FOUNTAIN, FL 32438 US

## Current Mailing Address:

21036 N. US 231  
FOUNTAIN, FL

## New Mailing Address:

21036 N. US 231  
FOUNTAIN, FL 32438 US

FEI Number: 20-3219037      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:

JOHN R. GREEN, P.A.  
316 WEST 11TH STREET  
PANAMA CITY, FL US

## Name and Address of New Registered Agent:

SILVESTRI, ROBERT A  
2385 D SUSAN DRIVE  
CRESTVIEW, FL 32536 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: ROBERT A SILVESTRI

07/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SILVESTRI, ROBERT A  
Address: 2385 SUSAN DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SILVESTRI, ROBERT A  
Address: 2385 SUSAN DRIVE  
City-St-Zip: CRESTVIEW, FL 32536 US

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: ROBERT A SILVESTRI

MGMR

07/06/2006

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