

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-27-2006 90049 031 ****50.00

DOCUMENT # L05000083675					
1. Entity Name INTEGRATED PROPERTY SYSTEMS, LLC					
Principal Place of Business 105 SARASOTA QUAY SARASOTA, FL 34236			Mailing Address 105 SARASOTA QUAY SARASOTA, FL 34236		
2. Principal Place of Business 1886 Sticky Point Rd Suite, Apt. #, etc.		3. Mailing Address 1886 Sticky Point Rd Suite, Apt. #, etc.		30004713	
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 20-3411781	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S. HARBOR CITY BOULEVARD, STE 505 MELBOURNE, FL 32901				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE MGR NAME ZIEGLER, ANDREW J STREET ADDRESS 4045 POWELL ROAD CITY-ST-ZIP WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME MCNALLY, BILL STREET ADDRESS 105 SARASOTA QUAY CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME MCNALLY, SCOTT W STREET ADDRESS 6330 HOLLYWOOD BOULEVARD CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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: _____				2-9-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	