

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000093405

1. Entity Name
INTEGRITY PROPERTIES, LLC



Principal Place of Business
**4336 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

Mailing Address
**4336 PABLO OAKS COURT
JACKSONVILLE, FL 32224**



01182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3515095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GLISSON, DON JR
4451 CATHEYS CLUB LANE
JACKSONVILLE, FL 32224**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	CARDON PABLO OAKS, LLC
STREET ADDRESS	4336 PABLO OAKS COURT
CITY - ST - ZIP	JACKSONVILLE, FL 32224

TITLE	PRES
NAME	GLISSON, DON JR
STREET ADDRESS	4451 CATHEYS CLUB LANE
CITY - ST - ZIP	JACKSONVILLE, FL 32224

TITLE	VPTR
NAME	BROOKS, GREG
STREET ADDRESS	267 SOPHIA TERRACE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32095

TITLE	SEC
NAME	NOONEY, TIMOTHY JR
STREET ADDRESS	2026 CORRELL ROAD
CITY - ST - ZIP	MIDDLEBURG, FL 32068

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/26/07-80017-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/19/07

Date

904-223-1111

Daytime Phone #