

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90198 040 \*\*\*\*50.00

<b>DOCUMENT # L06000001485</b> 1. Entity Name <b>INTEGRITY REALTY, LLC</b>																																			
Principal Place of Business <b>25241 ELEMENTARY WAY, STE. 206 BONITA SPRINGS, FL 34135</b>		Mailing Address <b>25241 ELEMENTARY WAY, STE. 206 BONITA SPRINGS, FL 34135</b>																																	
2. Principal Place of Business - No P.O. Box # <b>the Business + Law Building</b> Suite, Apt. #, etc. <b>27911 CROWN LAKE BLVD STE 200</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.																																	
City & State <b>Bonita Springs, FL</b> Zip <b>34135</b>		City & State  Zip  Country <b>USA</b>																																	
4. FEI Number <b>20-4073764</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>LYONS, KEVIN M 25241 ELEMENTARY WAY, STE. 206 BONITA SPRINGS, FL 34135</b>		7. Name and Address of New Registered Agent Name <b>L+L PARA, LTD. CO</b> Street Address (P.O. Box Number is Not Acceptable) <b>the Business + Law Building</b> <b>27911 CROWN LAKE BLVD, Suite 200</b> City <b>Bonita Springs</b>																																	
State <b>FL</b>		Zip Code <b>34135</b>																																	
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable.																																			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>MGR LYONS, KEVIN M 25241 ELEMENTARY WAY, STE. 206 BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR LYONS, KEVIN M 25241 ELEMENTARY WAY, STE. 206 BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <u><i>[Signature]</i></u> <b>3/22/07</b> <b>239-948-1823</b> Signature typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #																																			