

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017268

FILED
Apr 30, 2007
Secretary of State

Entity Name: INTEGRITY FIRST LANDSCAPING LLC

Current Principal Place of Business:

3920 CALIBRE BEND TRAIL
APT. 203
WINTER PARK, FL 32792

New Principal Place of Business:

1320 MCNEIL RD
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

3920 CALIBRE BEND TRAIL
APT. 203
WINTER PARK, FL 32792

New Mailing Address:

1320 MCNEIL RD
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-4126575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLEOD, MICHAEL R
3920 CALIBRE BEND TRAIL
APT. 203
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

MACLEOD, MICHAEL R
113 LIDO RD
WINTER SPRINGS, FL 32708 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:

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MACLEOD, MICHAEL R
Address: 3920 CALIBRE BEND TRAIL
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: IVEY, MICHAEL A
Address: 1320 MCNEIL RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MACLEOD, MICHAEL R
Address: 113 LIDO RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL MACLEOD

MGRM

04/30/2007

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