

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


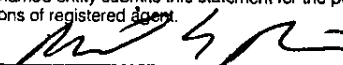
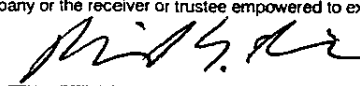
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Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90197 041 ****50.00

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01182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000061494			
1. Entity Name INTEGRITY CARPENTRY LLC			
Principal Place of Business 22838 PRIVATEER DR. CUDJOE KEY, FL 33042		Mailing Address P.O. BOX 430878 BIG PINE KEY, FL 33043	
2. Principal Place of Business - No P.O. Box # 22838 Privateer Dr.		3. Mailing Address P.O. Box 430878	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cudjoe Key FL.		City & State Big Pine Key FL.	
Zip 33042	Country	Zip 33043	Country
4. FEI Number 13-433-7455		Applied For <input checked="" 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 RIORDAN, MICHAEL 29144 VIOLET DR. BIG PINE KEY, FL 33043		7. Name and Address of New Registered Agent Name Riordan, Michael S. Street Address (P.O. Box Number is Not Acceptable) 22838 Privateer Dr. City Cudjoe Key FL Zip Code 33042	
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  DATE 1/28/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIORDAN, MICHAEL 29144 VIOLET DR. BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Riordan, Michael 22838 Privateer Dr. Cudjoe Key, FL 33042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		DATE: 1/28/07 DAYTIME PHONE: 305-304-7698	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	