

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100165

FILED
Apr 14, 2009
Secretary of State

Entity Name: INTEGRITY PUBLIC FINANCE CONSULTING LLC

Current Principal Place of Business:

111 RIVERSIDE AVE
STE 200
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

101 N. MONROE STREET, SUITE 900
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-5734283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, ROBERT C
101 N. MONROE STREET, SUITE 900
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HANNA, RANDALL W
Address: 101 N MONROE ST STE 900
City-St-Zip: TALLAHASSEE, FL 32301

Title: V () Delete
Name: MARCINKO, LEONARD T
Address: 430 MARGATE
City-St-Zip: ATLANTA, GA 30328

Title: S () Delete
Name: DRAPER, DUANE D
Address: ONE TAMPA CITY CENTER STE 2700
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: REID, ROBERT C
Address: 101 N MONROE ST SUITE 900
City-St-Zip: TALLAHASSEE, FL 32301

Title: CEO () Delete
Name: SCOTT, LAURIE
Address: 111 RIVERSIDE AVE STE 200
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM () Delete
Name: ROTH, CARI L
Address: 101 N MONROE ST STE 900
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

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

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

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

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

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

Title: MGRM (X) Change () Addition
Name: GRANT-WILKINSON, PATTI
Address: 1828 L STREET, NW SUITE 370
City-St-Zip: WASHINGTON, DC 20036

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: KENNETH E. OLIVER

CFO

04/14/2009

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