

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104393

Entity Name: INTEGRAFUND, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33408 US

New Principal Place of Business:

4225 EAST MAIN STREET
JUPITER, FL 33458 US

Current Mailing Address:

PO BOX 31809
PALM BEACH GARDENS, FL 33420 US

New Mailing Address:

FEI Number: 20-8764171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALCZAK, PAUL M
2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33408 US

Name and Address of New Registered Agent:

WALCZAK, PAUL M
4225 EAST MAIN STREET
PALM BEACH GARDENS, FL 33420 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:

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALCZAK, PAUL M
Address: 2979 PGA BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: FAGO, ELIZABETH M
Address: 2979 PGA BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALCZAK, PAUL M
Address: PO BOX 31809
City-St-Zip: PALM BEACH GARDENS, FL 33420 US

Title: MGRM (X) Change () Addition
Name: FAGO, ELIZABETH M
Address: PO BOX 31809
City-St-Zip: PALM BEACH GARDENS, FL 33420 US

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: PAUL WALCZAK

MGRM

03/26/2009

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