2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000000841

1. Entity Name INTEGRIGUARD, LLC



FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business

FLA-BISC 3450 LAKESIDE DRIVE MIRAMAR, FL 33023

Mailing Address

FLA-BISC

3450 LAKESIDE DRIVE MIRAMAR, FL 33023



DO NOT WRITE IN THIS SPACE

01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0445932 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331

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8.	The above named entity submits this statement for the purpose of chang the obligations of registered agent	ing its registered office or registered agent, or bot	n, in the State of Florida. I am familiar with, and accept
ŞI	GNATURE	(NOTE Paretreed Apply and the required when cancelled)	DATE

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	LUMETRA	
STREET ADDRESS	ONE SANSOME STREET, SUITE 900	
CITY-ST-ZIP	SAN FRANCISCO, CA 94104	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
ILLE		
NAME		
STREET ADDRESS		
CITY-S1-ZIP		
TITLE		
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CITY-ST-ZIP		
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NAME !		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. (hereby c	11. I hereby certify that the information supplied with this filing does not qualify for the exe	

000000824496 02/20/08-80079-018 138.75

DATE

DO NOT WRITE IN THIS SPACE

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #