## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M07000006918**

1. Entity Name
INTEGRA WOODS DEVELOPMENT, LLC



	F.	ILE.	D	
Feb	14.	2008	8:00	am
			of Sta	
		•		

02-14-2008 90071 019 \*\*\*138.75

2/6/08 407.833.3927

1525 INTERNATIONAL PARKWAY, SUITE 2001  LAKE MARY, FL 32746  2. Phrocipal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, atc.   02062008   Chg-LLC   CR2E083 (12068)  City & State   079	Principal Place	Principal Place of Business		Mailing Address								
Suite, Apt. 4. etc.    Suite, Apt. 4. etc.						)1		,				
Suite, Apt. 4. etc.    Suite, Apt. 4. etc.								n Adult 1980 Brit Brin Hel	I <b>er</b> ek <b>er</b> ek <b>e</b> rek		arı ili ibri	
City & State    Country   Country   Country   State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Zep Country Zip Country S. Certificate of Status Desired   \$5.00 Additional Present Corporation   \$5.00 Additional Present Corporation	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062008	02062008 Chg-LLC CR2E083 (12/06)					
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 (DTO)  ORLANDO, FL 32801  6. The above named onlity submits this statument for the purpose of changing its registered disco or registered agent, or both, in the State of Florids. I am familier with, and accept the obligations of registered signs.  SIGNATURE  SIGNATURE  FILE NOWITE FEE (\$5138,752)  After May 1, 2008 Fee will be \$538.75  R. MANACINISM RESERVIMANAGERS  10. ADDITIONS/CHANGES  REFLAMMES  INTEGRAÇADOODS DEVELOPMENT, INC.  SIRES AURIES  INTEGRAÇADOODS DEVELOPMENT, INC.  SIRES AURIES  SIRES AURIES  OUT-SI-79  INTE  MAKE  SIRES AURIES  SIRES AURIES  SIRES AURIES  SIRES AURIES  OUT-SI-79  INTE  MAKE  SIRES AURIES  SI	City & State	9		City & State			4. El Numb	512714				
Name	Zip	Country		Zip Coun		ntry	5. Certificate	e of Status Desired				
Street Address (P.O. Box Number to Not Acceptable)  Street Address (P.O. Box Number to Not Acceptable)  City FL Zip Codu  City FL Zip Codu  8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the familiar with, and accept the familiar with and accept the familiar with and accept and the fam acceptance and the familiar with and accept and the familiar wi		6. Name and Addres	s of Current R	agistered Agent			7. Name and	Address of New R	egistered A	gent		
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City		TION COMPANY				Name						
8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	300 SOUTH ORANGE AVE., SUITE 1000 (DTO)				Street Address (P.O. Box Number is Not Acceptable)							
8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature												
the obligations of registered agient.  SIGNATURE  FILE MOWITI FEE ISS\$132.75  After Many 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITTLE  MARKA Chack paragither to 7  Frontids Department of Status  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  GITY-ST-2P  LAKE MANY, FL 32746  Delete ITTLE  MARK STRETADORSS  CITY-ST-2P  LAKE MANY, FL 32746  Delete ITTLE  MARK STRETADORSS  CITY-ST-2P  TITLE  MARK STRETADORSS						City			FL	Zip Code	3	
SQUINTER, Proposition of professional agent and life it appoisable. (NOTE: Requisement Aspent supwared symme memorisation)    Part   Pa	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											
After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MOREM   Delete   ITTLE   MAKE												
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITIE   MGRM   Debte   ITIE   MRESS   MARKWAY, SUITE 2001   STREET ADDRESS   CITY-ST-ZP   CITY-ST-ZP   MARKWAY   MA		Signature, typed or paries haine t	registareo agent a	indition approache. (NO	IC. MODISION	eu Ageni signitule le	quired when remsizing)		DATE			
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES   Addition   MGRM   Delete   ITTLE   MGRM   INTEGRA WOODS DEVELOPMENT, INC.   NAME   STREET ADDRESS   CITY-ST-2P   LAKE MÄRY, FL 32746   Delete   TITLE   MAKE   STREET ADDRESS   CITY-ST-2P   TITLE   Delete   TITLE   MAKE   STREET ADDRESS   CITY-ST-2P   TITLE   Delete   TITLE   MAKE   MAKE   STREET ADDRESS   CITY-ST-2P   TITLE   Delete   TITLE   MAKE   MAKE   STREET ADDRESS   CITY-ST-2P   TITLE   Delete   TITLE   T	FILE NOWIL FEE IS \$138.75					- Mak	e check pa	yable to 9				
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	After May 1, 2008 Fee will be \$538.75					(Florid	::Departme	nt of State	<b>)</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREE	9	- MANA	SING MEMBER	RS/MANAGERS	10			ADDITIONS	CHANGES			
NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-S	•				_	1		ADDITIONS		Channe	☐ Addition	
STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE STRE										Onlinge		
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CIT	STREET ADDRESS				STR	EET ADDRESS						
MAKE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE MAKE MAKE MAKE MAKE STREET ADDRESS CITY-ST-ZIP TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	CITY-ST-ZIP		746		CITY	Y-ST-ZEP						
STREET ADDRESS CITY-ST-ZIP  TITLE   Delete   TITLE   NAME	TITLE	· # · .		De lete	TITL	Æ		·		☐ Change	☐ Addition	
CITY-ST-ZPP  TITLE   Delete   ITTLE   NAME   STREET ADDRESS   CITY-ST-ZPP   TITLE   Change   Addition	_	, 										
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE												
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR					<del></del>					<del></del>		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A				☐ Delete						L Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA												
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES												
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES	TITLE			☐ Delete	m	E .				Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OPERET OPERET STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OPERET NAME STREET ADDRESS CITY-ST-ZIP  TITLE OPERET OPE	NAME .				4							
TITLE NAME STREET ADDRESS CITY-ST-ZIP  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	STREET ADDRESS				STR	EET ADORESS						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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	CITY-ST-ZIP				CITY	Y-ST-ZEP						
STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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				Delete						Change	Addition	
CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  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						_						
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  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												
NAME STREET ADDRESS CITY-ST-ZIP  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				□ Notes		<del></del>				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP  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				LLI Delete							T MODITION	
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												
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	CITY-ST-ZIP				cm	Y-ST-ZTP					i	
	indicated											

DAVID G. MCDANIEL