


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000030189
1. Entity Name
CYCLOPS INNOVATIONS, LLC



Principal Place of Business PO BOX 35 CRYSTAL RIVER, FL 34423 US	Mailing Address PO BOX 35 CRYSTAL RIVER, FL 34423 US
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01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0332814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLAN, MARK R ESQ.
412 EAST MADISON STREET
SUITE 1000
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIBARTOLOMEO, DAVID PO BOX 35 CRYSTAL RIVER, FL 34423
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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: David DiBartolomeo **DAVID DIBARTOLOMEO** 01/04/06 352 2280467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #