

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90019 008 ****55.00

DOCUMENT # L00000006239

1. Entity Name

INNOVATION CAPITAL LLC

Principal Place of Business

**4950 COMMUNICATION AVE.
 SUITE 900
 BOCA RATON FL 33431**

Mailing Address

**4950 COMMUNICATION AVE.
 SUITE 900
 BOCA RATON FL 33431**

2. Principal Place of Business

8000 Federal Highway

Suite, Apt. #, etc.

Third Floor

City & State

Boca Raton, FL 33487

Zip

33487

Country

USA

3. Mailing Address

8000 N. Federal Hwy.

Suite, Apt. #, etc.

Third Floor

City & State

Boca Raton, FL 33487

Zip

33487

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**YASI, MICHAEL
 4950 COMMUNICATION AVE.
 SUITE 900
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

**Rebecca L. Hamilton
 c/o Sachs, Sax & Klein, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

301 Yamato Road

Northern Trust Plaza, Suite 4150

City

Boca Raton,

FL

Zip Code

33431

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
 NAME **YASI, MICHAEL**
 STREET ADDRESS **4950 COMMUNICATION AVE.**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **Jordan, Bruce**
 STREET ADDRESS **8000 N. Federal Highway, Third Flr**
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

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

Date

Daytime Phone #

CR2E083 (9/01)