

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000009939

1. Entity Name
INNOVA ENGINEERING, L.L.C.



Principal Place of Business
2045 FOUNTAIN PROFESSIONAL CT
SUITE D
NAVARRE, FL 32566

Mailing Address
2045 FOUNTAIN PROFESSIONAL CT
SUITE D
NAVARRE, FL 32566



04252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3728270	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

FOUNTAIN LAW FIRM, PA
2045 FOUNTAIN PROFESSIONAL CT
SUITE A
NAVARRE, FL 32566

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

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

U000000929486
05/21/08-80071-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOUNTAIN, BETTY 1901 RUE LA FONTAINE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEWS, DAN 9370 CHELMESFORD COURT NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOUNTAIN, GREGORY V 1901 RUE LA FONTAINE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEWS, MARY ANNE 9370 CHELMESFORD COURT NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/25/08

Date

(850) 939-8770

Daytime Phone #