2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000009939

1. Entity Name

INNOVA ENGINEERING, L.L.C.



Principal Place of Business

2045 FOUNTAIN PROFESSIONAL CT

SUITE D

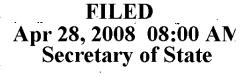
NAVARRE, FL 32566

Mailing Address

2045 FOUNTAIN PROFESSIONAL CT

SUITE D

NAVARRE, FL 32566





04252008 No Chg-LLC

CR2E083 (12/07)

| 4. FEI Number | Applied For |
|----------------------------------|-----------------|
| 59-3728270 | Not Applicable |
| 5. Certificate of Status Desired | 5.00 Additional |

DO NOT WRITE IN THIS SPACE

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)

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

U00000929486

| 9. | MANAGING MEMBERS/MANAGERS | |
|---------------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FOUNTAIN, BETTY 1901 RUE LA FONTAINE NAVARRE, FL 32566 | |
| 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-SI-ZIP | MGRM MATTHEWS, MARY ANNE 9370 CHELMESFROD COURT NAVARRE, FL 32566 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | |

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.

STREET ADDRESS

. F SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE