


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90111 014 ****50.00

DOCUMENT # L01000013464

1. Entity Name
INNOVATIVE HOLDINGS, L.L.C.



Principal Place of Business
3218 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Mailing Address
3218 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

24062537



04282004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134789	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

JUAN A. FIGUEROA, P.A., C.P.A.
2701 LE JEUNE ROAD
SUITE 310
CORAL GABLES, FL 33134

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNELY, DEBORAH L 3600 HIBISCUS STREET COCONUT, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARBUTUS-CONSULTADORA E INV. LDA RUS DOS MURCAS, 88, 9000-058 FUNCHAL MADEIRA, PORTUGAL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: DEBORAH L. CORNELY *Deborah L. Cornely* **4/28/04** **305-446 9059**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #