


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 28, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90115 032 \*\*\*\*50.00

<b>DOCUMENT # L03000000089</b> 1. Entity Name <b>INNOVATIVE SYSTEMS DESIGN, LLC</b>					
Principal Place of Business <b>2623 GREEN CROSSING DRIVE TALLAHASSEE, FL 32309</b>			Mailing Address <b>3111-20 MAHAN DRIVE, #2114 TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business <b>3111-20 MAHAN DR.</b>		3. Mailing Address Suite, Apt. #, etc. <b>#2114</b>			
City & State <b>TALLAHASSEE, FL</b>		City & State <b>TALLAHASSEE, FL</b>		4. FEI Number <b>APPLIED FOR</b>	
Zip <b>32308</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CLOUD CONSULTING, INC. 3111-20 MAHAN DRIVE, #2114 TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CLOUD, ROBERT W 3111-20 MAHAN DRIVE, #2114 TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Robert Wade Cloud</i> <b>Robert WADE Cloud</b> 6-27-05 850-264-6261					