2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000461

Name:

Address:

City-St-Zip:

1025 KANE CONCOURSE, STE. 215

BAY HARBOR ISLANDS, FL 33154

Entity Name: INNOVATIVE MANAGEMENT SERVICES, LLC

FILED Jan 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1926 NORTH 10TH AVENUE **SUITE #105** LAKE WORTH, FL 33461 **Current Mailing Address: New Mailing Address:** 1926 NORTH 10TH AVENUE SUITE #105 LAKE WORTH, FL 33461 FEI Number: 27-0042672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, HOWARD D 1025 KANE CONCOURSE, STE. 215 BAY HARBOR ISLANDS, FL 33154 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete COHEN, HOWARD D Name: Name: 1025 KANE CONCOURSE, STE. 215 Address: Address: City-St-Zip: BAY HARBOR ISLANDS, FL 33154 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition STALCY, JEFF W Name: STALEY, JEFF W Name: Address: 1025 KANE CONCOURSE, STE, 215 Address: 1025 KANE CONCOURSE, STE, 215 City-St-Zip: BAY HARBOR ISLANDS, FL 33154 City-St-Zip: BAY HARBOR ISLANDS, FL 33154 Title: MGRM () Delete Title: () Change () Addition HALPRYN, DAVID Name: Name: 1025 KANE CONCOURSE, STE. 215 Address: Address: City-St-Zip: BAY HARBOR ISLANDS, FL 33154 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition COHEN, KENNETH J

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEFF W STALEY **MGRM** 01/11/2005