2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State
06-13-2007 90092 031 ****50.00

DOCUMENT # L03000004164

1. Entity Name

INNOVART, LLC

Principal Place of Business	Mailing Address
9024 COLLINS AVE. SUITE C SURFSIDE FL 33154	375 FAIRWAY DR MIAMI BEACH FL 33141

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9024 COLLINS AVE	15191 SW 15 PLACE
Suite, Apt. #, etc.: SUITE C	Suite, Apt. #, etc.:
City & State: SURFSIDE FLORIDA	City & State: DAVIE FLORIDA
Zip: 33154 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 32-0058520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, LUCAS D 375 FAIRWAY DR MIAMI BEACH FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALVAREZ, LUCAS D 375 FAIRWAY DR MIAMI BEACH FL 33141	☐ Delete	MGR ALVAREZ, LUCAS D. 15191 SW 15 PLACE DAVIE, FL 33326	● Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ADRIAN, MARCELO P 5264 NE 3RD CT #2 MIAMI FL 33137	☐ Delete	MGR PERALTA, ADRIAN M. 9024 COLLINS AVE. SUITE C SURFSIDE FL 33154	● Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 05/01/07 305-993-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #