

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90109 041 ****55.00

20015757



DOCUMENT # L03000012782 1. Entity Name INNOVA HEALTH INTERNATIONAL, LLC					
Principal Place of Business 3211 PONCE DE LEON BLVD., STE. 207 CORAL GABLES, FL 33134			Mailing Address 3211 PONCE DE LEON BLVD., STE. 207 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2091920	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARMONA, MIGUEL A 3211 PONCE DE LEON BLVD., STE. 207 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	INNOVA HEALTH TECHNOLOGIES, LLC		NAME		
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 207		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WARE, NICHOLAS E PA		NAME		
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 207		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	AURORA VENTURES, LLC		NAME		
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 207		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SOUTHERN PRIORITY, INC.		NAME		
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 207		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	4-DOT.COM MEDIA SOLUTIONS, LLC		NAME		
STREET ADDRESS	2505 ALHAMBRA CIR.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Miguel A. Carmona</u>			2/14/05		305-443-0953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					