

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90042 038 ****55.00

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 41-2091920 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				01092006 Chg-LLC CR2E083 (11/05)	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INNOVA HEALTH TECHNOLOGIES, LLC 3211 PONCE DE LEON BLVD., STE. 207 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARE, NICHOLAS E PA 3211 PONCE DE LEON BLVD., STE. 207 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AURORA VENTURES, LLC 3211 PONCE DE LEON BLVD., STE. 207 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTHERN PRIORITY, INC. 3211 PONCE DE LEON BLVD., STE. 207 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 4-DOT.COM MEDIA SOLUTIONS, LLC 2505 ALHAMBRA CIR. CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bionnovation Productos Biomedicos c/o 3211 Ponce De Leon Blvd., Suite 207 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bionnovation Productos Biomedicos c/o 3211 Ponce De Leon Blvd., Suite 207 Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bionnovation Productos Biomedicos c/o 3211 Ponce De Leon Blvd., Suite 207 Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Miguel A. Carmona</u>		01/16/2006		305-443-0953	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	