2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017254

1. Entity Name
INNOVATIVE REALTY SOLUTIONS, LLC

Principal Place of Business	Mailing Address
2112 SEAMAN ROAD TAMPA, FL 33612	PO BOX 280276 TAMPA, FL 33682-0276

03052004   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	*P.O. Box 280276*
Suite, Apt. #, etc.	Suite, Apt. #, etc. *SAME AS ABOVE*
City & State	City & State *TAMPA, FL*
Zip / Country	Zip *33682-0276* / Country *USA*

4. FEI Number *16-1669614*   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEFFENS, JOHN
2112 SEAMAN ROAD
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name *SAME*

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

				10. ADDITIONS/CHANGES		
TITLE	*President MGRM*	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	*John A Steffens*		NAME			
STREET ADDRESS	*2112 Seaman Rd 0276*		STREET ADDRESS			
CITY-ST-ZIP	*Tampa, FL 33680-0276*		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			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: *John A Steffens*   *3-19-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

John A. Steffens