2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017254

1. Entity Name
INNOVATIVE REALTY SOLUTIONS, LLC

FILED
Apr 21, 2005 8:00 A.M.
Secretary of State

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	PO Box 280276
Suite, Apt. #, etc.	SAME AS ABOVE
City & State	TAMPA, FL
Zip / Country	33682-0276 / 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM John A. Steffens 2112 Seaman Rd Tampa, FL 33580-0276 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 4-7-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

John A. Steffens