2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# L03000025058

Entity Name: INNOVATEWARE, LLC

Current Principal Place of Business:

4610 NW 5TH TERRACE
BOCA RATON, FL 33431

New Principal Place of Business:

497 NW 14TH STREET
BOCA RATON, FL 33432

Current Mailing Address:

4610 NW 5TH TERRACE
BOCA RATON, FL 33431

New Mailing Address:

497 NW 14TH STREET
BOCA RATON, FL 33432

FEI Number: 58-2674438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANSONIA, CARA
350 CAMINO GARDENS BLVD., STE. 303
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SRABIAN, GREGORY
Address: 4610 NW 5TH TERRACE
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete
Name: SRABIAN, JENNIFER
Address: 4610 NW 5TH TERRACE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SRABIAN, GREGORY
Address: 497 NW 14TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM (X) Change ( ) Addition
Name: SRABIAN, JENNIFER
Address: 497 NW 14TH STREET
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GREGORY SRABIAN MGRM 04/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date