


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90140 050 ****50.00

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|---|---|
| DOCUMENT # L03000028598 |  |
| 1. Entity Name INNOVATIVE MANAGEMENT SOLUTIONS, LLC | |

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| Principal Place of Business 8226 NW 6TH COURT CORAL SPRINGS, FL 33071 | Mailing Address 8226 NW 6TH COURT CORAL SPRINGS, FL 33071 |
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|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04292004 Chg-LLC CR2E083 (10/03)

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|--|---|
| 4. FEI Number 11-3701097 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

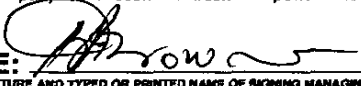
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|--|---|
| 6. Name and Address of Current Registered Agent BROWN, BEVIN C 8226 NW 6TH COURT CORAL SPRINGS, FL 33071 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. 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 renewing) | 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 NAME STREET ADDRESS CITY-ST-ZIP | MGR BROWN, BEVIN C 8226 NW 6TH COURT CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROWN, PAULINE M 8226 NW 6TH COURT CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  - BEVIN C. BROWN 4/29/04 (954) 709-0940

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