

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028598

FILED
Apr 28, 2005
Secretary of State

Entity Name: INNOVATIVE MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

8226 NW 6TH COURT
CORAL SPRINGS, FL 33071

New Principal Place of Business:

220 SW 21ST WAY
FORT LAUDERDALE, FL 333121

Current Mailing Address:

8226 NW 6TH COURT
CORAL SPRINGS, FL 33071

New Mailing Address:

220 SW 21ST WAY
FORT LAUDERDALE, FL 33312

FEI Number: 11-3701097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, BEVIN C
8226 NW 6TH COURT
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

BROWN, BEVIN C
220 SW 21ST WAY
FORT LAUDERDALE, FL 33312 US

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:

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BROWN, BEVIN C
Address: 8226 NW 6TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM (X) Delete
Name: BROWN, PAULINE M
Address: 8226 NW 6TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROWN, BEVIN C
Address: 220 SW 21ST WAY
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BEVIN C. BROWN

MGRM

04/28/2005

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