

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030189

FILED  
Jan 27, 2008  
Secretary of State

Entity Name: CYCLOPS INNOVATIONS, LLC

**Current Principal Place of Business:**

9400 W BLUE ROCK CT  
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 35  
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

PO BOX 640247  
BEVERLY HILLS, FL 34464 US

FEI Number: 20-0332814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOLAN, MARK R ESQ.  
412 EAST MADISON STREET  
SUITE 1000  
TAMPA, FL 33602 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DIBARTOLOMEO, DAVID  
Address: PO BOX 35  
City-St-Zip: CRYSTAL RIVER, FL 34423

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DIBARTOLOMEO, DAVID  
Address: PO BOX 640247  
City-St-Zip: BEVERLY HILLS, FL 34464

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID DIBARTOLOMEO

MGR

01/27/2008

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