


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000030528					
1. Entity Name INNOVATIVE APPAREL, LLC					
Principal Place of Business 1425 KELSO BOULEVARD WINDERMERE FL 34786 US			Mailing Address 1425 KELSO BOULEVARD WINDERMERE FL 34786 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2122649	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BURRER, WILLIAM P 10836 WONDER LANE WINDERMERE FL 34786				7. Name and Address of New Registered Agent	
Name				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					
<div style="text-align: right;"> U00000229281 02/14/05-80072-007 50.00 </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURRER, WILLIAM P		NAME		
STREET ADDRESS	10836 WONDER LANE		STREET ADDRESS		
CITY - ST - ZIP	WINDERMERE FL 34786		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTEI, DANIEL P		NAME		
STREET ADDRESS	497 SUN LAKE CIRCLE #113		STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY FL 32746		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUIZENGA, THOMAS H		NAME		
STREET ADDRESS	1425 KELSO BOULEVARD		STREET ADDRESS		
CITY - ST - ZIP	WINDERMERE FL 34786		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Thomas H. Huizenga</i> Member 2-10-05 407-877-7773					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					



1st MOORE CR2E083 (10/04)