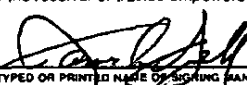


FILED  
Sep 21, 2004 8:00 am  
Secretary of State

08-23-2004 90152 026 \*\*\*\*50.00

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000031300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                 |  |
| 1. Entity Name<br>INNOVATIVE MANUFACTURING TECHNOLOGIES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                  |  |
| Principal Place of Business<br>435 DOCKSIDE DRIVE #302<br>NAPLES, FL 34110                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Mailing Address<br>435 DOCKSIDE DRIVE #302<br>NAPLES, FL 34110                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 3. Mailing Address                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Suite, Apt. #, etc.                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | City & State                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Country                                                                                                                          |  |
| 4. FEI Number<br>20-0318173                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Applied For<br>Not Applicable                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | \$5.00 Additional Fee Required                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br>SIESKY, JAMES H<br>1000 TAMiami TRAIL N, SUITE 201<br>NAPLES, FL 34102                                                                                                                                                                                                                                                                                                                                                                                     |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                  |  |
| Filing Fee is \$50.00<br>Due by September 8, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Make check payable to<br>Florida Department of State                                                                             |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 10. ADDITIONS/CHANGES                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Date: 8/14/04                                                                                                                    |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                  |  |