


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90360 001 ****50.00
03-24-2004 90303 001 ****55.00

DOCUMENT # L03000037582					
1. Entity Name INNOVATIVE CONSTRUCTION COMPANY LLC					
Principal Place of Business 8211 WEST BROWARD BLVD., STE. 375 PLANTATION, FL 33324			Mailing Address 8211 WEST BROWARD BLVD., STE. 375 PLANTATION, FL 33324		
2. Principal Place of Business			3. Mailing Address P.O. BOX 43		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State BOCARATON, FL		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		33429	PALM BEACH		
6. Name and Address of Current Registered Agent KLISTON, TODD W 8211 WEST BROWARD BLVD., STE. 375 PLANTATION, FL 33324				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 _____ DATE _____ <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 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
		NAIMI, M.H. 8211 W. BROWARD BLVD #375 PLANTATION, FL 33324 MANAGING MEMBER			
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		
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		
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		
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		
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 606, Florida Statutes.					
SIGNATURE: <i>M. Naimi</i>			Date: 4/5/04		Daytime Phone #: 561-289-5588
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SINGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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4. FEI Number 20-0285017 Applied For Not Applicable