CITY-ST-ZIP

20	ANNUA	ABILITY COMPA L REPORT	NY		5 c
1. Entity Nam					SECRETARY OF STATE DIVISION OF CORPORATIONS
INNOVATIVE CONSTRUCTION COMPANY LLC					08 APR 23 AM 8: 46
•	e of Business BROWARD BLVD., STE. 375 I, FL 33324	Mailing Address PO BOX 43 BOCA RATON, FL 33429			
			· · · · · · · · · · · · · · · · · · ·		
DO NOT WRITE IN THIS SPACE				03082008 No Chg-LLC 4. FEI Number	CR2E083 (12/07)
3v - 1			_	20-0285017	Not Applicable
	6. Name and Address of Curren	t Registered Agent	Т -	5. Certificate of Status Desired	Fee Required
NAIMI, JOHN QUEMARS 8211 WEST BROWARD BLVD., STE. 375 PLANTATION, FL 33324				DO NOT W	RITE
			IN THIS SPACE		
8. The above the obligat	named entity submits this statement fi	or the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flo	orida. 1 am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable /NOTE: Business	red Agent signature required	unter color lutina	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				3001287 05/07/0801046-	
9.	MANAGING MEMB	ERS/MANAGERS			***************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAIMI, JOHN QUEMARS 8211 W BROWARD BLVD #375 PLANTATION, FL 33324	r			·
TITLE NAME STREET ADDRESS					
CITY-ST-ZIP			-		Chart !
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			1	IN THIS SF	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1		
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Daytime Phone #

· name