

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90115 010 \*\*\*\*50.00

**DOCUMENT # L03000042858**

1. Entity Name

**INNOVATIVE INVESTMENT CLUB, LLC**



Principal Place of Business

**1 FLORIDA PARK DRIVE SOUTH, ATRIUM SU  
PALM COAST FL 32137**

Mailing Address

**1 FLORIDA PARK DRIVE SOUTH, ATRIUM SU  
PALM COAST FL 32137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

**11-3707918**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KATZ, B. PAUL  
1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE  
PALM COAST FL 32137**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MANFRE, PAUL**  
STREET ADDRESS **325A PORTION ROAD**  
CITY-ST-ZIP **LAKE RONKONKOMA NY 11779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition  
NAME **DANIEL HAYES**  
STREET ADDRESS **325A PORTION RD**  
CITY-ST-ZIP **LAKE RONKONKOMA, NY. 11779**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **ALBERT DELAURO**  
STREET ADDRESS **325A PORTION RD**  
CITY-ST-ZIP **LAKE RONKONKOMA, NY 11779**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **THEODORE DELAURO**  
STREET ADDRESS **325A PORTION RD**  
CITY-ST-ZIP **LAKE RONKONKOMA, NY. 11779**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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: *Daniel Hayes* **DANIEL HAYES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/7/04**

Date

**(631)**

**471-2822**

Daytime Phone #