

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90139 034 ****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**

20010117



1st MOORE

CR2E083 (10/04)

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

11-3707918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME **188 Phyllis DR**
STREET ADDRESS **Patchogue, NY 11772**
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HAYES, DANIEL
STREET ADDRESS 325 A PORTION RD
CITY-ST-ZIP LAKE RONKONKOMA NY 11779

TITLE ☐ Change ☐ Addition
NAME **188 Phyllis DR**
STREET ADDRESS **Patchogue, NY 11772**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME **188 Phyllis DR**
STREET ADDRESS **Patchogue, NY 11772**
CITY-ST-ZIP

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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

2/5/05
Date

631-374-3058
Daytime Phone #