## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L03000045845** 01-12-2004 90131 024 \*\*\*\*50.00 INNOVATIVE RESTORATIONS, L.L.C. Principal Place of Business Mailing Address 330 NE 1ST AVE. PO BOX 3027 24000777 HIGH SPRINGS, FL 32643 HIGH SPRINGS, FL 32655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 90-0124846 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SORENSEN, KENT Street Address (P.O. Box Number is Not Acceptable) \* 330 NE 1ST AVE. HIGH SPRINGS, FL 32643 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR ☐ Change ■ Addition TITLE Delete TITLE NAME SORENSEN, KENT MARKE 330 NE 1ST AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32643 CITY-ST-ZIP TITI E ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY: ST: ZIP... CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ם וומ ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 it trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

KENT SOLENSEN

PED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jan 12, 2004 8:00 am