


FILED
Mar 14, 2005 8:00 am
Secretary of State

02-02-2005 90151 042 ****55.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000003855			
1. Entity Name INNOVART GRAPHIC APPLICATIONS LLC			
Principal Place of Business C/O AKERMAN SENTERFITT ONE S.E. THIRD AVE, 28TH FLOOR MIAMI, FL 33131		Mailing Address C/O AKERMAN SENTERFITT ONE S.E. THIRD AVE, 28TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business 3059 Grand Avenue Suite, Apt. #, etc. Suite -310 City & State Coconut Grove FL Zip 33133 Country		3. Mailing Address 3059 Grand Avenue Suite, Apt. #, etc. Suite -310 City & State Coconut Grove, FL Zip 33133 Country	
01262005 Chg-LLC CR2E083 (10/03)		4. FEI Number 61-1465488 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.W. THIRD AVE, STE 2800 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Juncadella, Soledad Street Address (P.O. Box Number is Not Acceptable) 3059 Grand Avenue Suite 310 City Coconut Grove FL Zip Code 33133	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		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 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
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: <u>Juncadella</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		1/26/05 305.443-5595 Date Daytime Phone #	