


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90042 019 ****50.00

DOCUMENT # L04000003855 1. Entity Name INNOVART GRAPHIC APPLICATIONS LLC	
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Principal Place of Business 3059 GRAND AVENUE SUITE 310 COCONUT GROVE, FL 33133 US	Mailing Address 3059 GRAND AVENUE SUITE 310 COCONUT GROVE, FL 33133 US
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DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC

CR2E083 (11/05)

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

SOLEDAD, PUNCADELLA
3059 GRAND AVENUE
SUITE 310
COCONUT GROVE, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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.

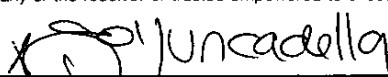
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~Original Fee \$50.00~~
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLEDAD, PUNCADELLA 3059 GRAND AVENUE SUITE 310 COCONUT GROVE, FL 33133
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IN THIS SPACE**

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.

SIGNATURE: 

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

1/6/06 305-443-5595

Date Daytime Phone #