

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000011843

**FILED**  
**Jun 23, 2005**  
**Secretary of State****Entity Name:** INNOVA HOME BUILDERS, L.L.C.**Current Principal Place of Business:**1591 HAYLEY LANE, STE 203  
FORT MYERS, FL 33907**New Principal Place of Business:****Current Mailing Address:**1591 HAYLEY LANE, STE 203  
FORT MYERS, FL 33907**New Mailing Address:****FEI Number:** 20-0725772**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LOIDL, HARALD  
1591 HAYLEY LANE, STE 203  
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGR ( ) Delete  
**Name:** SCHMIDT, HENRY  
**Address:** 1591 HAYLEY LANE, STE 203  
**City-St-Zip:** FORT MYERS, FL 33907**Title:** MGRM (X) Delete  
**Name:** I & E GROUP, INC.,  
**Address:** 1591 HAYLEY LANE, STE 203  
**City-St-Zip:** FORT MYERS, FL 33907**ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** DECKARD, ROGER  
**Address:** 1591 HAYLEY LANE, STE 203  
**City-St-Zip:** FORT MYERS, FL 33907**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROGER DECKARD

MGR

06/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date