

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014712

FILED  
Aug 20, 2007  
Secretary of State

**Entity Name:** INNOVATIVE BUSINESS SOLUTIONS, LLC

**Current Principal Place of Business:**

144 ROSE HILL TRAIL  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

144 ROSE HILL TRAIL  
SANFORD, FL 32773

**New Mailing Address:**

FEI Number: 90-0157010      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MARTINEZ, JAIME  
144 ROSE HILL TRAIL  
SANFORD, FL 32773      US

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: MGRM      ( ) Delete  
Name: MARTINEZ, JAIME  
Address: 144 ROSE HILL TRAIL  
City-St-Zip: SANFORD, FL 32773

Title: MGRM      ( ) Delete  
Name: VAN DYKE, LORRAINE  
Address: 144 ROSE HILL TRAIL  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAIME MARTINEZ

MGRM

08/20/2007

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