

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016303

FILED  
May 01, 2006  
Secretary of State

Entity Name: INNOVATIVE CONSOLIDATIONS, LLC

**Current Principal Place of Business:**

201 NORTH FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 NORTH FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602 US

**New Mailing Address:**

FEI Number: 20-3202815      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:**

MCCAIN, CARTER B  
201 NORTH TAMPA STREET STE. 2000  
TAMPA, FL 33602 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: MGR ( ) Delete  
Name: HOOD, STEPHEN R  
Address: 201 NORTH FRANKLIN STREET SUITE 2000  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete  
Name: MCCAIN, CARTER B  
Address: 201 NORTH FRANKLIN STREET SUITE 2000  
City-St-Zip: TAMPA, FL 33602

**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 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: STEPHEN HOOD

MGR

05/01/2006

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