


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90009 003 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> L04000019244                            |  |
| 1. Entity Name<br>INNOVATIVE REAL ESTATE CONCEPTS, L.L.C. |   |

|   |   |
|---|---|
| Principal Place of Business<br>2000 WEBBER STREET<br>ATTN: R. CRAIG ADAMS<br>SARASOTA, FL 34239 | Mailing Address<br>2000 WEBBER STREET<br>ATTN: R. CRAIG ADAMS<br>SARASOTA, FL 34239 |
|---|---|

20047248



|   |   |
|---|---|
| 2. Principal Place of Business<br>1517 State St<br>Suite, Apt. #, etc.<br>#203<br>City & State<br>Sarasota FL<br>Zip<br>34236<br>Country<br>USA | 3. Mailing Address<br>1517 State St<br>Suite, Apt. #, etc.<br>#203<br>City & State<br>Sarasota FL<br>Zip<br>34236<br>Country<br>USA |
|---|---|

02162005 Chg-LLC CR2E083 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-0843054   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent<br>HAWK, HOLLY M<br>2033 MAIN STREET<br>SUITE 600<br>SARASOTA, FL 34237   |                                |
| 7. Name and Address of New Registered Agent<br>Name: Stephen F VOIGT<br>Street Address (P.O. Box Number is Not Acceptable): 2042 Bee Ridge Rd<br>City: Sarasota FL Zip: 34239 |                                |

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: Stephen F. Voigt DATE: 4-20-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ADAMS, R. CRAIG<br>2000 WEBBER STREET<br>SARASOTA, FL 34239 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1517 State St <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>#203<br>Sarasota FL 34236 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 608, Florida Statutes.

**SIGNATURE:**

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

4/20/05 941-365-6350  
Date Daytime Phone #