
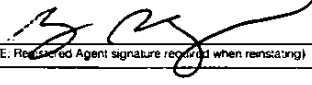


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90017 032 ****55.00

DOCUMENT # L04000024289 1. Entity Name INNOVATIVE INVESTMENT STRATEGIES, LLC			
Principal Place of Business P.O. BOX 366904 BONITA SPRINGS, FL 34136-6904		Mailing Address P.O. BOX 366904 BONITA SPRINGS, FL 34136-6904	
2. Principal Place of Business 13300-56 S. Cleveland Ave Suite, Apt. #, etc. Suite 261 City & State Ft. Myers FL Zip 33907 Country USA		3. Mailing Address 13300-S. Cleveland Ave Suite, Apt. #, etc. Suite 261 City & State Ft Myers FL Zip 33907 Country USA	
4. FEI Number 20-2168493		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		03102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent COON, BAILEY 13150 CORBEL CR. #517 FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name Bailey Corbell Baillargeon Street Address (P.O. Box Number is Not Acceptable) 13211 Corbel Circle #1135 City Ft. Myers FL Zip Code 33907	
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 <u>Bailey Baillargeon</u>  <u>4-10-05</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM COON, BAILEY 13150 CORBEL CR. #517 FT. MYERS, FL 33907	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, MOETH 21240 BRAXFIELD LOOP ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>Bailey Baillargeon</u> <u>4-10-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	