

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028934

Entity Name: INNOVATRIX, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

11601 KEW GARDENS AVE., STE. 209
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

11380 PROSPERITY FARMS RD.
SUITE 113
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

11601 KEW GARDENS AVE., STE. 209
PALM BEACH GARDENS, FL 33410

New Mailing Address:

11380 PROSPERITY FARMS RD
SUITE 113
PALM BEACH GARDENS, FL 33410

FEI Number: 20-0897607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDDCO MANAGEMENT, INC.
11601 KEW GARDENS AVE., STE. 209
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

EDDCO MANAGEMENT, INC.
11380 PROSPERITY FARMS RD.
SUITE 113
PALM BEACH GARDENS, FL 33410 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: EDMOND DEMARCELLUS

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: EDDCO MANAGEMENT, IN, C.
Address: 11601 KEW GARDENS AVE., STE. 209
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EDDCO MANAGEMENT, IN, C.
Address: 11380 PROSPERITY FARMS RD., SUITE 113
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: EDMOND DEMARCELLUS

MGR

04/29/2005

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