

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075928

Entity Name: INNOVATIVE MORTGAGE, LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

1837 BEACH PARKWAY, UNIT 204
CAPE CORAL, FL 33904

New Principal Place of Business:

2725 SW 22ND PLACE
CAPE CORAL, FL 33914

Current Mailing Address:

1837 BEACH PARKWAY, UNIT 204
CAPE CORAL, FL 33904

New Mailing Address:

2725 SW 22ND PLACE
CAPE CORAL, FL 33914

FEI Number: 20-1773927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: KING, GARY R
Address: 1837 BEACH PARKWAY, UNIT 204
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR () Delete
Name: CRAIG, ROBERT C
Address: 1837 BEACH PARKWAY, UNIT 204
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KING, GARY R
Address: 2725 SW 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR (X) Change () Addition
Name: CRAIG, ROBERT C
Address: 2725 SW 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33914

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: GARY R. KING

MGR

04/30/2006

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