

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086983

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** INNOVATIVE DWELLINGS, LLC

**Current Principal Place of Business:**

18606 LAKESHORE DRIVE  
LUTZ, FL 33549

**New Principal Place of Business:**

18606 LAKESHORE DRIVE  
LUTZ, FL 33549 US

**Current Mailing Address:**

PO BOX 152661  
TAMPA, FL 33684

**New Mailing Address:**

PO BOX 57  
LUTZ, FL 33548 US

**FEI Number:** 84-1662207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NUNEZ, JUAN C  
18606 LAKESHORE DRIVE  
LUTZ, FL 33549 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: MGRM ( ) Delete  
Name: NUNEZ, JUAN C  
Address: PO BOX 152661  
City-St-Zip: TAMPA, FL 33684

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NUNEZ, JUAN C  
Address: PO BOX 57  
City-St-Zip: LUTZ, FL 33548 US

I hereby certify that the information supplied with this filing does not qualify 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: JUAN C NUNEZ

MGRM

03/20/2009

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