

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002300

Entity Name: INNOVATIVE PLANNING, L.L.C.

FILED  
Apr 14, 2006  
Secretary of State

## Current Principal Place of Business:

900 SIXTH AVENUE SOUTH  
SUITE 203  
NAPLES, FL 34102 US

## Current Mailing Address:

9 SEAN LANE  
MT. SINAI, NY 11766 US

## New Principal Place of Business:

15275 COLLIER BLVD  
SUITE 201/204  
NAPLES, FL 34119 US

## New Mailing Address:

15275 COLLIER BLVD  
SUITE 201/204  
NAPLES, FL 34119 US

FEI Number: 20-2153478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWEIKHARDT, KATHERINE A  
900 SIXTH AVENUE SOUTH  
SUITE 203  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

HOFFMAN, FRED M  
15275 COLLIER BLVD  
SUITE 201/204  
NAPLES, FL 34119 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: FRED M. HOFFMAN

04/14/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HOFFMAN, FRED  
Address: 9 SEAN LANE  
City-St-Zip: MT. SINAI, NY 11766 US

Title: MGRM ( ) Delete  
Name: LAGRUTTA- HOFFMAN, ELAINE  
Address: 9 SEAN LANE  
City-St-Zip: MT. SINAI, NY 11766 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HOFFMAN, FRED  
Address: 15275 COLLIER BLVD #201/204  
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM (X) Change ( ) Addition  
Name: LAGRUTTA- HOFFMAN, ELAINE  
Address: 15275 COLLIER BLVD #201/204  
City-St-Zip: NAPLES, FL 34119 US

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: FRED M HOFFMAN

MGRM

04/14/2006

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