2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# L05000027352

Entity Name: INNOVATIVE INVESTORS, LLC

Current Principal Place of Business:

2462 MALLORY HILLS ROAD
JACKSONVILLE, FL 322212580

New Principal Place of Business:

Current Mailing Address:

2462 MALLORY HILLS ROAD
JACKSONVILLE, FL 322212580

New Mailing Address:

FEI Number: 20-2551869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUMPHRIES, PATRICIA B
2462 MALLORY HILLS ROAD
JACKSONVILLE, FL 322212580 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:	HUMPHRIES, PATRICIA B	
Address:	2462 MALLORY HILLS ROAD	
City-St-Zip:	JACKSONVILLE, FL 322212580	
Title:	MGRM	( ) Delete
Name:	GRADY, TODD	
Address:	909 ROCKBAY DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	MGRM	( ) Delete
Name:	DERRICK & SHEIDRA DA, VIS	
Address:	13822 DEVAN LEE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32226	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: PATRICIA HUMPHRIES MGMR 04/04/2006

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