2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000030173

1. Entity Name INNOVATIVE MANAGEMENT, LLC



FILED Jan 24, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1178 BREAKERS WEST BLVD. WEST PALM BEACH, FL 33411 1178 BREAKERS WEST BLVD. WEST PALM BEACH, FL 33411



01202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2572345 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WINGKUN, EDWIN 1178 BREAKERS WEST BLVD. WEST PALM BEACH, FL 33411

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ule unigations of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	EDWIN AND JANET WINGKUN AS TENANTS	·	Unnongeration
STREET ADDRESS	1178 BREAKERS WEST BLVD.		U00000794166
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		01/25/08-80037-022 138.75
TITLE	MGRM		
NAME	EJNL LIMITED PARTNERSHIP, LP		
STREET ADDRESS	1178 BREAKERS WEST BLVD.		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		
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NAME			
STREET ADDRESS		l no	NOT WRITE
CITY-ST-ZIP			MOI WALLE
TITLE		iki '	THIS SPACE
NAME		1 114	IIIIO OFACE
STREET ADDRESS			

8. 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. I am familiar with, and accept

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jimi G. Wy

CITY-SI-ZIP

TITLE

NAME

STREET ADDRESS

CITY-SI-ZIP

TITLE

NAME

STREET ADDRESS

CITY-SI-ZIP

EDIVING. WINGKUN

Jon. 21, 2008

(501)-753 -9065

SIGNATURE AND TYPED OR CONTED MANE OF RIGHING MANAGING MEMBED OF AUTHORIZED DEDDERENTATIVE

Date

Daytime Phone #