2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L05000093863

Entity Name: INNOVATIVE PARTNERS V, LLC

Current Principal Place of Business:

1600 TAMIAMI TRAIL
SUITE 200
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1600 TAMIAMI TRAIL
SUITE 200
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 20-3603072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGNER, E. JOHN
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

WAGNER, II, E. JOHN
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: E. JOHN WAGNER, II 04/26/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: OTERO, YHOVANNI
Address: 6945 SUNNYBROOK BOULEVARD
City-St-Zip: ENGLEWOOD, FL 342248424

Title: MGR (X) Delete
Name: OTREO, OSVALDO F
Address: 6945 SUNNYBROOK BOULEVARD
City-St-Zip: ENGLEWOOD, FL 342248424

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: INNOVATIVE JV V, LLC,
Address: 1600 TAMIAMI TRAIL, SUITE 200
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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: OSVALDO F. OTERO MGR 04/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date