

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094094

FILED  
Mar 17, 2006  
Secretary of State

Entity Name: INNOVATIVE INSURANCE, LLC

**Current Principal Place of Business:**

6945 SUNNYBROOK BOULEVARD  
ENGLEWOOD, FL 342248424

**New Principal Place of Business:**

**Current Mailing Address:**

6945 SUNNYBROOK BOULEVARD  
ENGLEWOOD, FL 342248424

**New Mailing Address:**

FEI Number: 20-3690262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WAGNER, E. JOHN II  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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: OTERO, YHOVANNI  
Address: 6945 SUNNYBROOK BOULEVARD  
City-St-Zip: ENGLEWOOD, FL 342248424

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

**ADDITIONS/CHANGES:**

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: OSVALDO F. OTERO

MGRM

03/17/2006

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