


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90043 042 ****50.00

DOCUMENT # L06000013102 1. Entity Name INNOVATIVE EVENTS, L.L.C.					
Principal Place of Business 9200 S. DADELAND BLVD. SUITE 412 MIAMI, FL 33156			Mailing Address 9200 S. DADELAND BLVD. SUITE 412 MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box # 9350 S. Dixie Hwy			3. Mailing Address 9350 S. Dixie Hwy		
Suite, Apt. #, etc. Penthouse V			Suite, Apt. #, etc. Penthouse V		
City & State Miami, FL			City & State Miami, FL		
Zip 33156		Country USA		4. FEI Number 20-4304595	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KATES, BARRY T 9200 S. DADELAND BLVD. SUITE 412 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9350 S. Dixie Hwy Penthouse V City Miami FL 33156		
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 the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATES, BARRY T 9200 S. DADELAND BLVD., SUITE 412 MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9350 S. Dixie Hwy, Penthouse V Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECHER, SCOTT 3815 KINGS WAY BOCA RATON, FL 33434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Barry Kates</i>			Date 4-23-07 Daytime Phone # 305.670.4501		