

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049046

FILED
Mar 22, 2008
Secretary of State

Entity Name: INNOVATIVE TECHNOLOGY PRODUCTS LLC

Current Principal Place of Business:

1869 MERLOT DRIVE
SANFORD, FL 32771

New Principal Place of Business:

2003 LONGWOOD LAKE MARY ROAD
SUITE 1015
LONGWOOD, FL 32750

Current Mailing Address:

1869 MERLOT DRIVE
SANFORD, FL 32771

New Mailing Address:

2003 LONGWOOD LAKE MARY ROAD
SUITE 1015
LONGWOOD, FL 32750

FEI Number: 20-4858614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAJEUNESSE, MARC
1869 MERLOT
DRIVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

RICHTER, GEORGE
2003 LONGWOOD LAKE MARY ROAD
SUITE 1015
LONGWOOD, FL 32750 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: GEORGE RICHTER

03/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAJEUNESSE, MARC
Address: 1869 MERLOT DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM () Delete
Name: RICHTER, GEROGE E
Address: 1911 LOST SPRING COURT
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: RICHTER, GEORGE E
Address: 1911 LOST SPRING COURT
City-St-Zip: LONGWOOD, FL 32779 US

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: GEORGE RICHTER

MGRM

03/22/2008

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