

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000112742

**FILED**  
**May 12, 2008**  
**Secretary of State****Entity Name:** INNOVATIVE INSURANCE AGENCY, LLC**Current Principal Place of Business:**343 W. CENTRAL AVE  
104  
LAKE WALES, FL 33853**New Principal Place of Business:****Current Mailing Address:**3936 S SEMORAN BLVD  
438  
ORLANDO, FL 32822**New Mailing Address:****FEI Number:** 20-5922352      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SICARD, MILTON FOUNDER  
3936 S SEMORAN BLVD  
438  
ORLANDO, FL 32822 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:** CEO      ( ) Delete  
**Name:** MARTINEZ, VICTOR M JR.  
**Address:** 348 SUMMIT AVENUE  
**City-St-Zip:** LAKE WALES, FL 33853**Title:** F/P      (X) Delete  
**Name:** SICARD, MILTON  
**Address:** 3936 S SEMORAN BLVD 438  
**City-St-Zip:** ORLANDO, FL 32822**Title:** CFO      (X) Delete  
**Name:** ROLON, BETTY  
**Address:** 348 SUMMIT AVENUE  
**City-St-Zip:** LAKE WALES, FL 33853**Title:** TR      (X) Delete  
**Name:** MARTINEZ, BRENDA L  
**Address:** 348 SUMMIT AVENUE  
**City-St-Zip:** LAKE WALES, FL 33853**Title:** D      (X) Delete  
**Name:** MARTINEZ, VICTOR SR  
**Address:** 348 SUMMIT AVENUE  
**City-St-Zip:** LAKE WALES, FL 33853**ADDITIONS/CHANGES:****Title:** CEO      (X) Change ( ) Addition  
**Name:** SICARD, MILTON  
**Address:** 3936 S. SEMORAN BLVD # 438  
**City-St-Zip:** ORLANDO, FL 32822**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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 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: MILTON SICARD

CEO

05/12/2008

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