

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026399

FILED  
Aug 12, 2008  
Secretary of State

Entity Name: INNOVATIVE WEALTH LLC

**Current Principal Place of Business:**

421 N WOODLAND BLVD  
UNIT 7729  
DELAND, FL 32723 US

**New Principal Place of Business:**

**Current Mailing Address:**

421 N WOODLAND BLVD  
UNIT 7729  
DELAND, FL 32723 US

**New Mailing Address:**

FEI Number: 26-1259122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PAGE, CHALRES K  
6 LANPANA LANE  
STUART, FL 34996 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: WASHBURN, WILLIAM F III  
Address: 86 SOUTH MAIN STREET  
City-St-Zip: CARVER, MA 02330 US

Title: MGRM ( ) Delete  
Name: RAPOPORT, MATTHEW J  
Address: 37 N ANGUILLA  
City-St-Zip: N STONINGTON, CT 06359

**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 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: WILLIAM WASHBURN

CEO

08/12/2008

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