2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L08000077574

Entity Name: INNOVATIVE ASSET GROUP, LLC

Current Principal Place of Business:

4915 SAN RAFAEL ST
TAMPA, FL 33629 US

New Principal Place of Business:

4265B HENDERSON BLVD
TAMPA, FL 33629 US

Current Mailing Address:

4915 SAN RAFAEL ST
TAMPA, FL 33629 US

New Mailing Address:

PO BOX 10555
TAMPA, FL 33679 US

FEI Number: 01-0910517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMS, SCOTT L
4915 SAN RAFAEL ST
TAMPA, FL 33629 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: SIMMS, SCOTT L
Address: 4915 SAN RAFAEL ST
City-St-Zip: TAMPA, FL 33629 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: BACKER, RONALD
Address: 4507 S FERNCROFT CIRCLE
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Change (X) Addition
Name: REEDER, DOMINIC S
Address: 5533 NE 26TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33308

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: SCOTT L. SIMMS MGRM 04/08/2009

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