

**2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000106333

**FILED**  
**Nov 17, 2010**  
**Secretary of State****Entity Name:** FLORIDA INNOVATION PARTNERS, LLC**Current Principal Place of Business:**11350 S.W. VILLAGE PARKWAY, 3RD FLOOR  
PORT ST. LUCIE, FL 34987**New Principal Place of Business:****Current Mailing Address:**11350 S.W. VILLAGE PARKWAY, 3RD FLOOR  
PORT ST. LUCIE, FL 34987**New Mailing Address:****FEI Number:** 27-1459905**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RODRIGUEZ, RAQUEL A  
201 S. BISCAYNE BLVD., 22ND FLOOR  
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**WILLIAMS, MARK B P  
11350 SW VILLAGE PARKWAY  
PORT SAINT LUCIE  
FL, FL 34987 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: MARK B. WILLIAMS

11/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: WILLIAMS, MARK P  
Address: 11350 SW VILLAGE PARKWAY, 3RD FLOOR  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MR.  
Name: NELSON, JAY VP  
Address: 1350 SW VILLAGE PARKWAY, 3RD FLOOR  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MRS.  
Name: VISCONTE, DANIELLE S  
Address: 11350 SW VILLAGE PARKWAY  
City-St-Zip: PORT SAINT LUCIE, FL 34987

I hereby 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: MARK B. WILLIAMS

P

11/17/2010

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