

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000106333

**FILED**  
**Jul 18, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA INNOVATION PARTNERS, LLC

**Current Principal Place of Business:**

9801 SW DISCOVERY WAY  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

9801 SW DISCOVERY WAY  
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:**

WILLIAMS, MARK B P  
9801 SW DISCOVERY WAY  
PORT SAINT LUCIE  
FL, FL 34987 US

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

ROTHBERG, MELVIN PRES  
9801 SW DISCOVERY WAY  
PORT SAINT LUCIE, 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:** MELVIN ROTHBERG

07/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MR.  
**Name:** ROTHBERG, MELVIN PRES  
**Address:** 9801 SW DISCOVERY WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987

**Title:** MR.  
**Name:** NELSON, JAY VP  
**Address:** 9801 SW DISCOVERY WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987

**Title:** MRS.  
**Name:** VISCONTE, DANIELLE S  
**Address:** 9801 SW DISCOVERY WAY  
**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:** DANIELLE VISCONTE

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07/18/2012

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