


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN 15 PM 2:32

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L97000000045
INNOVATIONS L.C. 600 CLEVELAND ST SUITE 970 CLEARWATER FL 34615	

1a. Principal Place of Business Address
600 CLEVELAND ST SUITE 970 CLEARWATER FL 34615

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc. Suite 960	Suite, Apt. #, etc. Suite 960	01/09/1997	FL
City & State	City & State	4. FEI Number 59-3419403	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33755	Country	5. Date of Last Report n/a	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
WINTERS, ELISE K 600 CLEVELAND ST SUITE 970 CLEARWATER FL 34615	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Suite 940 City FL Zip Code 33755

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DEAN, DENNIS E	600 CLEVELAND ST SUITE 970 Suite 960	CLEARWATER FL
MGRM	Hoffman, Teresa	600 Cleveland St Suite 960	Clearwater FL

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

6/12/98

813-441-3131