
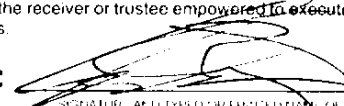


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company <b>INNOVATIVE CAPITAL, L.C. 393 TEQUESTA DR. TEQUESTA FL 33469-3098</b>		DOCUMENT # 197000000445	
2. Principal Place of Business <b>701 US One Suite, Apt. #, etc. Ste 402 City &amp; State Zip</b>		2a. Mailing Address <b>701 US One Suite, Apt. #, etc. Ste 402 City &amp; State North Palm Bch Zip 33408 U.S.A.</b>	
3. Date Organized or Qualified <b>04/24/1997</b>		3a. State of Formation <b>FL</b>	
4. FEI Number <b>65-8032509 APPLIED FOR</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report <b>03/27/1998</b>		6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>GARY, JOHN W III C/O GARY, DYTRYCH &amp; RYAN, P.A. 701 US HWY. 1, STE. 402 N. PALM BEACH FL 33408</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>100002859621--0 -04/30/99--01147--010 ****188.75 ****188.75 FL Zip Code</b>	
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 _____	
(Regulated Agent Acting for Agent, Incumbent) (NOTE: Registered Agent signature required when changing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARTYN, CHARLES P III	393 TEQUESTA DR.	TEQUESTA FL
MGRM	GARY, JOHN W III	701 US HWY 1, STE. 402	N. PALM BEACH FL
MGRM	GINN, SHANNON R	818 LAKESIDE DR.	N. PALM BEACH FL
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: 			

FILED

99 APR 27 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA