


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90069 017 ****50.00

DOCUMENT # L97000000445 1. Entity Name INNOVATIVE CAPITAL, L.C.	
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Principal Place of Business 393 TEQUESTA DR. TEQUESTA, FL 33469-3098	Mailing Address 701 U S ONE, STE 402 NORTH PALM BEACH, FL 33408 <i>Palm</i>
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DO NOT WRITE IN THIS SPACE

02172004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-8032509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARY, JOHN W III
C/O GARY, DYTRYCH & RYAN, P.A.
701 US HWY. 1, STE. 402
N. PALM BEACH, FL 33408

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTYN, CHARLES P III 393 TEQUESTA DR. TEQUESTA, FL 334693098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARY, JOHN W III 701 US HWY 1, STE. 402 N. PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GINN, SHANNON R 818 LAKESIDE DR. N. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I 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 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.

SIGNATURE:  **3/18/04 541-8443700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #