2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L97000000445

Entity Name: INNOVATIVE CAPITAL, L.C.

Current Principal Place of Business:

393 TEQUESTA DR.
TEQUESTA, FL 334693098

New Principal Place of Business:

Current Mailing Address:

701 U S ONE, STE 402
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-8032509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	MARTYN, CHARLES P III	
Address:	393 TEQUESTA DR.	
City-St-Zip:	TEQUESTA, FL 334693098	
Title:	MGRM	( ) Delete
Name:	GARY, JOHN W III	
Address:	701 US HWY 1, STE. 402	
City-St-Zip:	N. PALM BEACH, FL 33408	
Title:	MGRM	( ) Delete
Name:	GINN, SHANNON R	
Address:	818 LAKESIDE DR.	
City-St-Zip:	N. PALM BEACH, FL	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES P. MARTYN, III MGRM 04/27/2005

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