

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004223

1. Entity Name
INTERNATIONAL INNOVATIVE DESIGNS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:56

Principal Place of Business: 950 COUNTRY CLUB BOULEVARD, CAPE CORAL FL 33990
Mailing Address: 950 COUNTRY CLUB BOULEVARD, CAPE CORAL FL 33990-3074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent

WUNDER, CHARLES A
950 COUNTRY CLUB BOULEVARD
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUNDER, CHARLES A		NAME		
STREET ADDRESS	950 COUNTRY CLUB BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENDERLEIN, RONALD		NAME		
STREET ADDRESS	1323 LAFAYETTE STREET		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, KEVIN		NAME		
STREET ADDRESS	3400 DELILAH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33993		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABER, IAN		NAME		
STREET ADDRESS	3400 DELILAH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33993		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

Handwritten signature 3/21/00

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-03/22/00--01112--005
*****50.00 *****50.00

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Date

Daytime Phone #

3-6-00 941-574-9920

CR2E083 (9/99)