05-13-2003 90014 012 ****50.00

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000004223

4905 CHIQUITA BLVD. SUITE 102

CAPE CORAL FL 33914

CAMPBELL, KEVIN

3400 DELILAH DRIVE

3400 DELILAH DRIVE

CAPE CORAL FL 33993

CAPE CORAL FL 33993

MGR

MGR

FABER, IAN

1. Entity Name

INTERNATIONAL INNOVATIVE DESIGNS, L.L.C.							
Principal Plac	ce of Business	Mailing Address	Mailing Address				
950 COUNTRY CLUB BOULEVARD CAPE CORAL FL 33990		950 COUNTRY CLUB BOU CAPE CORAL FL 33990	950 COUNTRY CLUB BOULEVARD CAPE CORAL FL 33990		****		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				31 115 1111 1 11 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Nun	nber 65-0932955	└	pplied For lot Applicable
Zip	Country	Zip	Country	5. Certifica	5. Certificate of Status Desired \$5.00 Addition Fee Required		
Name and Address of Current Registered Agent				7.: Name a	nd Address of New Reg	Istered Agent	
VA/I II	NDER, CHARLES A		Name				}
950 COUNTRY CLUB BOULEVARD			Street A	Street Address (P.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33990							
•, u	2 001112 2 00000						
			City			FL Zip Cod	de
	named entity submits this statementions of registered agent.	t for the purpose of changing it	s registered office of	registered agent, or t	ooth, in the State of Florid	a. I am familiar with	, and accept
SIGNATURE						1	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	TE: Registered Agent signat	ure required when reinstating)		DATE	
	♥ %		OW!!! FEE IS \$				
		Make Check Payat Du	ele to Florida De le By May 1, 200				
			10		ADDITIONS/CH	HANGES	
TITLE	MGR	☐ Delete	TITLE			☐ Change	Addition
NAME	WUNDER, CHARLES A	VADD	NAME];
STREET ADDRESS CITY-ST-ZIP	950 COUNTRY CLUB BOULE CAPE CORAL FL 33990	AWKD	STREET ADDRESS CITY-ST-ZIP				\ <u> </u>
TITLE	MGR	. Delete	TITLE	·	_ _	☐ Change	☐ Addition
NAME	SCHENDERLEIN, RONALD	Delete	NAME	-		Change	

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CITY-ST-ZIP CITY-ST-ZIP 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 frue and accurate and that my eignature 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 receiper or trastice employered to exclude this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

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