

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000003459
 1. Entry Name:
 INNOVATIVE CONSTRUCTION MATERIALS, LLC



Principal Place of Business 951 COMMERCE BLVD. NORTH SARASOTA, FL 34243	Mailing Address 951 COMMERCE BLVD. NORTH SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE



03312005No Chg-LLC CR2E083 (10/03)

4. FEI Number 16-1685907	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 SRIVASTAVA, ASHVIN
 951 COMMERCE BLVD. NORTH
 SARASOTA, FL 34243

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

Filing Fee is \$50.00
Due by May 1, 2005

1100000321022
 04/21/05-80062-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SRIVASTAVA, ASHVIN 951 COMMERCE BLVD. NORTH SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SRIVASTAVA, PRAMILA 951 COMMERCE BLVD. NORTH SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **4/16/05** **94-360-1380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #