

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002246

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: INNOVATA, LLC

**Current Principal Place of Business:**

4908 GOLDEN PARKWAY  
SUITE 100  
BUFORD, GA 30518

**New Principal Place of Business:**

**Current Mailing Address:**

4908 GOLDEN PARKWAY  
SUITE 100  
BUFORD, GA 30518

**New Mailing Address:**

FEI Number: 58-2380406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WL VENTURES,  
Address: 1102 JEFFERSON ST  
City-St-Zip: ALGOMA, WI 54201

Title: MGRM ( ) Delete  
Name: CHRESTENSEN, PAUL  
Address: 784 SCALES ROAD  
City-St-Zip: SUWANEE, GA 30024

Title: MGRM ( ) Delete  
Name: BREEN, JAMES  
Address: 3524 FAIR OAKS LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

**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 exemption stated in Chapter 119, 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: PAUL CHRESTENSEN

MGRM

03/23/2009

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