

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90048 001 \*\*\*\*61.25

**DOCUMENT # N01000002410**  
 1. THE ELI AND JUDITH LIPPMAN FAMILY FOUNDATION, INC.



40002392



225 WELLS ROAD  
 PALM BEACH, FL 33480

225 WELLS ROAD  
 PALM BEACH, FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-1100909** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KNIGHT, NEAL W JR ESQ  
 321 ROYAL POINCIANA PLAZA SOUTH  
 PALM BEACH, FL 33480-0431

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. 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 reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | LIPPMAN, ELI M       |                                 |
| STREET ADDRESS | 225 WELLS ROAD       |                                 |
| CITY-ST-ZIP    | PALM BEACH, FL 33480 |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | LIPPMAN, JUDITH S    |                                 |
| STREET ADDRESS | 225 WELLS ROAD       |                                 |
| CITY-ST-ZIP    | PALM BEACH, FL 33480 |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | HOFFMAN, MEDEDITH L  |                                 |
| STREET ADDRESS | 6605 PAXTON ROAD     |                                 |
| CITY-ST-ZIP    | ROCKVILLE, MD 20852  |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | LIPPMAN, KENNETH R   |                                 |
| STREET ADDRESS | 351 SOUTH ROAD       |                                 |
| CITY-ST-ZIP    | PIKESVILLE, MD 21208 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Lippman Date: 1/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR