


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90007 043 ****61.25

DOCUMENT # N0100002410

1. Entity Name
THE ELI AND JUDITH LIPPMAN FAMILY FOUNDATION, INC.



Principal Place of Business
**225 WELLS ROAD
 PALM BEACH, FL 33480**

Mailing Address
**225 WELLS ROAD
 PALM BEACH, FL 33480**

40100108



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07112006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number
65-1100909

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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 September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
	Kimmel, Meredith	8118 Autumn Gate Lane	Bethesda, MD 20817	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Eli M Lippman* **7/14/06** **561-266-7150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #