

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000001035

1. Entity Name
IP3 ASSOCIATES, LLLP



Principal Place of Business
1401 UNIVERSITY DRIVE STE. 200
CORAL SPRINGS, FL 33071

Mailing Address
1401 UNIVERSITY DRIVE STE. 200
CORAL SPRINGS, FL 33071

2. Principal Place of Business
1600 Sawgrass Corp Pkwy
 Suite, Apt. #, etc.
Suite 300

3. Mailing Address
1600 Sawgrass Corp Pkwy
 Suite, Apt. #, etc.
Suite 300

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33323

Country
USA

Zip
33323

Country
USA

04262006 Chg-LP CR2E003 (11/05)

4. FEI Number
20-1418899

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HELFMAN, STEVEN M ESQ
1401 UNIVERSITY DRIVE STE. 200
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1600 Sawgrass Corporate Pkwy, #300
 City
Sunrise **FL** Zip Code
33323

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

Signature, typed or printed name of registered agent and title if applicable.

4/25/06

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P04000096551**
 NAME **IP3 CORPORATION**
 STREET ADDRESS **1401 UNIVERSITY DRIVE STE. 200**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

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 NAME
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13. ADDRESS CHANGES ONLY

STREET ADDRESS **1600 Sawgrass Corporate Pkwy, #300**
 CITY-ST-ZIP **Sunrise, FL 33323**

STREET ADDRESS
 CITY-ST-ZIP

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700074758697
05/17/06--01025--004 **500.00

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Paul Corban
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Paul Corban, Vice President 4/27/06 954-753-1730

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

06 MAY 2006 1:55:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

