# 2005 LIMITED PARTNERSHIP ANNUAL REPORT
## Due By May 1, 2005

**FILED**
**May 11, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # A99000000685

1. Entity Name
LIPTON FAMILY PARTNERSHIP I, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 19495 BISCAYNE BLVD., SUITE 410<br>MIAMI, FL 33180 | 19495 BISCAYNE BLVD., SUITE 410<br>MIAMI, FL 33180 |

04292005 Chg-LP CR2E003 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-1042792 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BARNEY, JANICE<br>19495 BISCAYNE BLVD., SUITE 410<br>MIAMI, FL 33180 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|
| $1,000.00 | |

**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 | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | P99000037864 | STREET ADDRESS | U00000365940 |
| NAME | LFPI, INC. | CITY-ST-ZIP | 05/11/05-80024-005 150.00 |
| STREET ADDRESS | 19495 BISCAYNE BLVD., SUITE 410 | | |
| CITY-ST-ZIP | MIAMI, FL 33180 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

14. 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 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:** Alan Lipton 4/29/05 954-835-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
ALAN LIPTON