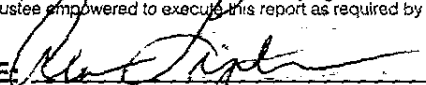


FILED

May 11, 2005 08:00 AM
Secretary of State**2005 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2005

DOCUMENT # A99000000685					
1. Entity Name LIPTON FAMILY PARTNERSHIP I, LTD.					
Principal Place of Business 19495 BISCAYNE BLVD., SUITE 410 MIAMI, FL 33180			Mailing Address 19495 BISCAYNE BLVD., SUITE 410 MIAMI, FL 33180		
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	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARNEY, JANICE 19495 BISCAYNE BLVD., SUITE 410 MIAMI, FL 33180				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.					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	U000000365940		
NAME	LFP1, 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					
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 			Date 4/24/05 Daytime Phone # 954-835-2223		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ALAN LIPTON					

STAPLE CHECK HERE