

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016300

FILED
Aug 16, 2006
Secretary of State

Entity Name: CORPORATE I.P. VENTURES, LLC

Current Principal Place of Business:

200 EAST ROBINSON STREET
SUITE 1180
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

200 EAST ROBINSON STREET
SUITE 1180
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 01-0609619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIMM, WILLIAM A ESQ.
C/O GRAY ROBINSON
301 E. PINE ST., STE. 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRIMM, WILLIAM A
Address: 301 E PINE STREET
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: FOX, RICHARD Q
Address: 200 E ROBINSON STREET, SUITE 1180
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GRAFF, MICHAEL H
Address: 200 E ROBINSON STREET, SUITE 1180
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM A. GRIMM

MGR

08/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date