

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90436 050 ****50.00

DOCUMENT # L02000000641

1. Entity Name

IPSC ASSOCIATES, L.L.C.



Principal Place of Business

701 BRICKELL AVE., STE. 1400
MIAMI FL 33131-2822

Mailing Address

701 BRICKELL AVE., STE. 1400
MIAMI FL 33131-2822

2. Principal Place of Business

703 Waterford Way

Suite, Apt. #, etc.

Suite 800

City & State
Miami, FL

3. Mailing Address

703 Waterford Way

Suite, Apt. #, etc.

Suite 800

City & State
Miami, FL

Zip
33126

Country

Zip
33126

Country



MOORE

CR2E083 (11/03)

4. FEI Number
02-0538477

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STOSIK, VICTOR L
701 BRICKELL AVE., STE. 1400
MIAMI FL 33131-2822

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

703 Waterford Way

Suite 800

City

Miami

FL

Zip Code

33126

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
IPSC ASSOCIATES, LTD
701 BRICKELL AVE STE 1400
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
703 Waterford Way, Suite 800
Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
~~703 Waterford Way, Suite 800~~
~~Miami, FL 33126~~

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Douglas H. Pidgeon Treasurer

3/2/04

305-261-4330

Date

Daytime Phone #