

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90040 024 ****50.00

DOCUMENT # L02000001269

1. Entity Name
PIPETS, LLC



Principal Place of Business Mailing Address
5600 U.S. 1 NORTH **5600 U.S. 1 NORTH**
FORT PIERCE FL 34946 **FORT PIERCE FL 34946**

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 Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STEWART, WILLIAM J
3355 OCEAN DRIVE
VERO BEACH FL 32963

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 _____
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, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR HERMAN, RICHARD J 5600 U.S. 1 NORTH FORT PIERCE FL 34946	<input type="checkbox"/>		
MGR WOLOZIN, BENJAMIN MD PHD 215 S. MONROE STREET HINSDALE IL 60521	<input type="checkbox"/>		
MGR VAUGHAN, DAVID 5600 U.S. 1 NORTH FORT PIERCE FL 34946	<input checked="" type="checkbox"/>		
MGR LEIBOWITZ, PAUL PH.D. 404 EAST 55TH STREET NEW YORK NY 10022	<input type="checkbox"/>		
MGR HOFF, FRANK 33418 OLD SAINT JOE ROAD DADE CITY FL 33525	<input type="checkbox"/>		
	<input type="checkbox"/>	MGR KEVIN GAINES 5600 U.S. 1 NORTH FORT PIERCE, FL 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Richard J. Herman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: *2/24/03* Daytime Phone #: *1-772-4654-2400 ext 220*

CR2E083 (10/02)