


**\*2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000008913</b> 1. Entity Name <b>LIPMAN-ASPEN HOLDINGS, L.L.C.</b>	
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Principal Place of Business <b>5901 SW 74TH STREET MIAMI, FL 33143</b>	Mailing Address <b>5901 SW 74TH STREET MIAMI, FL 33143</b>
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**DO NOT WRITE IN THIS SPACE**



07112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>20-0153860</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CAHAN, RICHARD J ALAN ESQ BECKER &amp; POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI, FL 33126-2065</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPMAN, DAVID 5901 S.W. 74TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPMAN, BARBARA 5901 S.W. 74TH STREET MIAMI, FL 33143
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**DO NOT WRITE  
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U000000875767  
08/05/05-80009-017 50.00

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.

<b>SIGNATURE:</b> 	Date <b>8/1/05</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		