

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025483

**FILED**  
**Jan 19, 2007**  
**Secretary of State**

**Entity Name:** IP FLORIDA MANAGEMENT, LLC

**Current Principal Place of Business:**

56 KEUNE CT.  
STANTON ISLAND, NY 10304

**New Principal Place of Business:**

80 LYMAN PLACE  
STATEN ISLAND, NY 10304

**Current Mailing Address:**

56 KEUNE CT.  
STANTON ISLAND, NY 10304

**New Mailing Address:**

PO BOX 41261  
STATEN ISLAND, NY 10304

**FEI Number:** 32-0038804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INNA, PALTER  
17555 COLLINS AVENUE  
# 1103  
SUNNY ISLES, FL 33160 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: MGRM ( ) Delete  
Name: PALTER, INNA  
Address: POLYMAN PLACE  
City-St-Zip: STANTON ISLAND, NY 10304

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PALTER, INNA  
Address: 80 LYMAN PLACE  
City-St-Zip: STATEN ISLAND, NY 10304

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:** INNA PALTER

MBR

01/19/2007

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