2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 26, 2008 08:00 AN **Secretary of State** DOCUMENT # L02000033523 1. Entity Name LIPAR, LLC Principal Place of Business Mailing Address 1350 HARBOR DRIVE 1350 HARBOR DRIVE SARASOTA, FL 34239 SARASOTA, FL 34239 DO NOT WRITE IN THIS SPACE 03202008 No Chg-LLC CR2E083 (12/07) 4. FEI Number Applied For NOT APPLICABLE \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RITCHEY, JAMES L DO NOT WRITE 1350 HARBOR DRIVE SARASOTA, FL 34239 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. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE RITCHEY, JAMES L NAME STREET ADDRESS 1350 HARBOR DRIVE CITY-ST-ZIP SARASOTA, FL 34239 THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE