FILED
Sep 14, 2004 8:00 am
Secretary of State
07-08-2004 90011 031 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/8/1

DOCUMENT # L03000012865

1. Entity Name
LIPTON-ISRAEL 570, LLC

Principal Place of Business
19495 BISCAYNE BLVD., STE. 410
AVENTURA, FL 33180

Mailing Address
19495 BISCAYNE BLVD., STE. 410
AVENTURA, FL 33180

04010031

05202004 Chg-LLC CR2E083 (10/03)

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 90-0116870 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET, STE. 2900
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: Janice Barney
Street Address (P.O. Box Number is Not Acceptable): 14001 NW 4 St
City: Sunrise FL Zip Code 33325

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME	Ben Israel Pres ☐ Delete
STREET ADDRESS	19495 Biscayne Blvd Suite 410
CITY-ST-ZIP	Aventura Fl 33180
TITLE / NAME	Alan Lipton VP ☐ Delete
STREET ADDRESS	19495 Biscayne Blvd Suite 410
CITY-ST-ZIP	Aventura Fl 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #