

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024177

FILED
Jul 31, 2006
Secretary of State

Entity Name: LIPPINCOTT INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

4903 NEW PROVIDENCE AVENUE
TAMPA, FL 33629

New Principal Place of Business:

4909 ST. CROIX DRIVE
TAMPA, FL 33629

Current Mailing Address:

4903 NEW PROVIDENCE AVENUE
TAMPA, FL 33629

New Mailing Address:

4909 ST. CROIX DRIVE
TAMPA, FL 33629

FEI Number: 20-0148020 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIPPINCOTT, OLIN G
4903 NEW PROVIDENCE AVENUE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

LIPPINCOTT, OLIN G
4909 ST. CROIX DRIVE
TAMPA, FL 33629 US

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: OLIN GARWOOD LIPPINCOTT

07/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLIN G. LIPPINCOTT R, EVOCABLE LIVIN G TRUST
Address: 4903 NEW PROVIDENCE AVNUE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLIN G. LIPPINCOTT R, EVOCABLE LIVIN G TRUST
Address: 4909 ST. CROIX DRIVE
City-St-Zip: TAMPA, FL 33629

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: OLIN GARWOOD LIPPINCOTT

MGMR

07/31/2006

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