2006 LIMITED LIABILITY COMPANY

May 01, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L03000039308 05-01-2006 90063 022 ****50.00 LIPTÓN PROPERTIES, LLC 20040679 Principal Place of Business Mailing Address 1704 JOHN ANDERSON DR. 1704 JOHN ANDERSON DR. ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 04152006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2407443 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. DO NOT WRITE 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE LIPTON, RICHARD NAME 1704 JOHN ANDERSON DR. STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 MGR TITLE LIPTON, STACEY NAME 1704 JOHN ANDERSON DR. STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 386-441-6466

SIGNATURE:

III E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> KICHARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED