2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000039308

1. Entity Name
LIPTON PROPERTIES, LLC

Principal Place of Business	Mailing Address
1704 JOHN ANDERSON DR. ORMOND BEACH, FL 32176	1704 JOHN ANDERSON DR. ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

04112008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
56-2407443	Not Applicable

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

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32114

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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 title 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

04/24/08=80069-002 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	TR
NAME	LIPTON, RICHARD
STREET ADDRESS	1704 JOHN ANDERSON DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	TR
NAME	LIPTON, STACEY
STREET ADDRESS	1704 JOHN ANDERSON DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____   4.12.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #