

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90283 008 ****55.00

DOCUMENT # L03000051086

1. Entity Name
IPS WEST PALM, LLC



Principal Place of Business
1500 SAN REMO AVENUE, SUITE 300
CORAL GABLES, FL 33146

Mailing Address
1500 SAN REMO AVENUE, SUITE 300
CORAL GABLES, FL 33146

40001633



DO NOT WRITE IN THIS SPACE

04042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0437865

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

old
SCHREIBER, GERHARDT A ESQ.
2222 PONCE DE LEON BLVD., PENTHOUSE SUITE
CORAL GABLES, FL 33134

new Michael M. O'Connell
1500 San Remo Ave, Suite 300
Coral Gables, FL 33146

**DO NOT WRITE
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

Michael M. O'Connell

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

4/5/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
STATTNER, STEVE
1500 SAN REMO AVENUE, SUITE 300
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Steve Stattner

STEVE STATTNER

4/5/05

305-666-5905

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

Date

Daytime Phone #