

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED

8/21/2007-90048-002-\$55.00-\$55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E083 (4/07)

DOCUMENT # L04000020957 1. Entity Name IPS REALTY, LLC					
Principal Place of Business 1500 SAN REMO AVE., SUITE 300 CORAL GABLES FL 33146				Mailing Address 1500 SAN REMO AVE., SUITE 300 CORAL GABLES FL 33146	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0905141 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent O'CONNELL, MICHAEL M 1500 SAN REMO AVE, SUITE 300 CORAL GABLES FL 33146	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STATTNER, STEVE 1500 SAN REMO AVE., SUITE 300 CORAL GABLES FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	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 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: _____			9/13/07 954-646-0617		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					