# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Apr 03, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000042952

1. Entity Name

H. PHIPPS PROPERTIES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| C/O BESSEMER TRUST<br>801 BRICKELL AVE., SUITE 2250<br>MIAMI FL 33131 | C/O BESSEMER TRUST<br>801 BRICKELL AVE., SUITE 2250<br>MIAMI FL 33131 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E083 (10/05)

4. FEI Number 20-3116403 | Applied For | Not Applicat

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FEUERMAN, JONATHAN ESQ.<br>C/O THERREL BAISDEN, P.A.<br>ONE S.E. 3RD AVENUE, SUITE 2400<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 accep the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

**FILE NOW!!! FEE IS $50.00**
***Make Check Payable to Florida Department of State***
**Due By May 1, 2006**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PHIPPS, HUBERT G TRUSTEE<br>801 BRICKELL AVE., SUITE 2250<br>MIAMI FL 33131 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Add<br>U00000490104<br>04/18/06-80043-002 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Add |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informat 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** _____