


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000071401 1. Entity Name LIPJAC, LLC |  |
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|--|--|
| Principal Place of Business 2200 LUCIEN WAY SUITE 410 MAITLAND, FL 32751 US | Mailing Address 2200 LUCIEN WAY SUITE 410 MAITLAND, FL 32751 US |
|--|--|



04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 47-0945712 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent LIBERTY LIPJAC, LLC. 2200 LUCIEN WAY SUITE 410 MAITLAND, FL 32751 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LIBERTY LIPJAC, LLC 2200 LUCIEN WAY SUITE 410 MAITLAND, FL 32751 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BASSLER, ANDREW 2308 LAKE SUE DRIVE WINTER PARK, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM D'ALOISE, JOHN J 2020 CITRUS COVE DRIVE OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VICKERS, CHARLES 201 WEST CANTON AVENUE, SUITE 275 WINTER PARK, FL 32790 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80099-006 50.00

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

4-26-07

Date

407-774-8818

Daytime Phone #