## **FILED** Mar 28, 2006 8:00 am Secretary of State

03-16-2006 90031 029 \*\*\*\*50.00

☐ Change

Addition

ANNUAL REPORT	
DOCUMENT #L05000001983	S.
1. Entity Name	I AXE

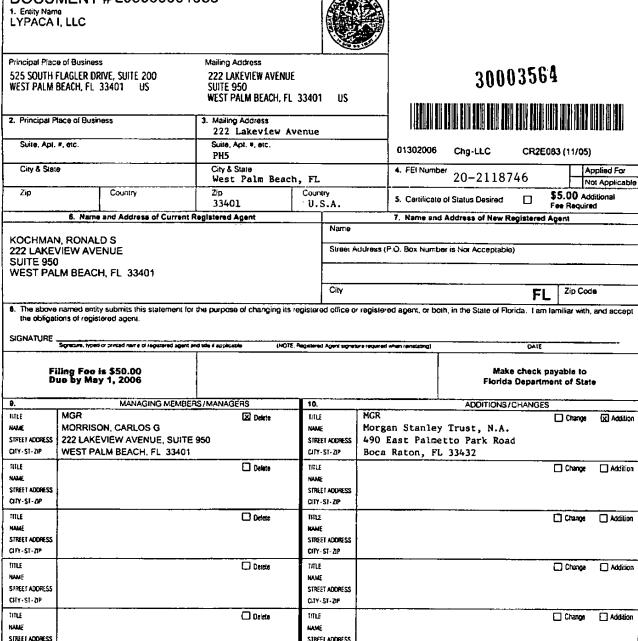
CITY-ST-ZP

STREET ADORESS

CITY-ST-ZW

TITLE

HAME



11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further cartify 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 eath; that if 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.

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

SIGNATURE: by: Robert M. Kandone. VP	2/8/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Dete	Deytme Phone #



March 17, 2006

LYPACA I, LLC 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FT 33401 US

Subject: LYPACA I, LLC

Reference Number:

L05000001983

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION