


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L05000001983					
1. Entity Name LYPACA I, LLC					
Principal Place of Business 525 SOUTH FLAGLER DRIVE, SUITE 200 WEST PALM BEACH, FL 33401 US			Mailing Address 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business			3. Mailing Address 222 Lakeview Avenue		
Suite, Apt. #, etc.			Suite, Apt. #, etc. PH5		
City & State			City & State West Palm Beach, FL		
Zip	Country	Zip	Country	4. FEI Number 20-2118746	
33401	U.S.A.	33401	U.S.A.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01302006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KOCHMAN, RONALD S 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORRISON, CARLOS G <input checked="" type="checkbox"/> Delete 222 LAKEVIEW AVENUE, SUITE 950 WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Morgan Stanley Trust, N.A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 490 East Palmetto Park Road Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Morgan Stanley Trust Trustee</u> <u>Robert M. Randone, VP</u>				Date: <u>2/8/2006</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	

30003564





ATTACHMENT
30003564

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2006

LYPACA I, LLC
222 LAKEVIEW AVENUE
SUITE 950
WEST PALM BEACH, FL 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 has not been filed 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