

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000080465

Entity Name: LIPA VENTURES LLC

FILED
Dec 04, 2008
Secretary of State

Current Principal Place of Business:

9511 COLLINS AVENUE
UNIT 503
SURFSIDE, FL 33154 US

Current Mailing Address:

9511 COLLINS AVENUE
UNIT 503
SURFSIDE, FL 33154 US

New Principal Place of Business:

777 BAYSHORE DRIVE
PH3
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

777 BAYSHORE DRIVE
PH3
FORT LAUDERDALE, FL 33304 US

FEI Number: 20-3338531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LANDAU, PHILIP
9511 COLLINS AVENUE
UNIT 503
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

LANDAU, PHILIP
777 BAYSHORE DRIVE
PH3
FORT LAUDERDALE, FL 33304 US

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.

SIGNATURE: PHILIP M LANDAU

12/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LANDAU, REUBEN
Address: 9511 COLLINS AVENUE, UNIT 503
City-St-Zip: SURFSIDE, FL 33154 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LANDAU, PHILIP
Address: 777 BAYSHORE DRIVE PH3
City-St-Zip: FORT LAUDERDALE, FL 33304 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP M LANDAU

MGR

12/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date