

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081365

FILED
Apr 14, 2009
Secretary of State

Entity Name: IPS LAKE MARY PROPERTIES, LLC

Current Principal Place of Business:

1190 BUSINESS CENTER DRIVE, SUITE 2000
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1190 BUSINESS CENTER DRIVE, SUITE 2000
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 26-0706048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACHMAN, PAUL K
240 SO. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KATZ, ROBERT D
Address: 1800 CORTEZ ROAD WEST
City-St-Zip: BRADENTON, FL 34207

Title: MGR () Delete
Name: PASCARELLA, GENE
Address: 1190 BUSINESS CENTER DRIVE, SUITE 2000
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Delete
Name: HULTMAN, JON
Address: 2011 THAYER AVENUE
City-St-Zip: LOS ANGELES, CA 90025

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT KATZ

MGR

04/14/2009

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