

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**5 Jun 27, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90189 034 \*\*\*143.75

**DOCUMENT # L07000109146**

1. Entity Name  
**IPX-HOLDINGS, LLC**



Principal Place of Business  
**10400 NW 33RD STREET  
 SUITE 270  
 MIAMI, FL 33172**

Mailing Address  
**11511 SW 127TH STREET  
 MIAMI, FL 33176**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

JUL10001



04272008 Chg-LLC CR2E083 (12/06)

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

**HAINES, HAROLD G  
 11511 SW 127TH STREET  
 MIAMI, FL 33176**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75**

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	HAINES, HAROLD G	11511 SW 127TH STREET	MIAMI, FL 33176	<input type="checkbox"/>
MGRM	BERKMAN, STEPHEN L	11511 SW 127TH STREET	MIAMI, FL 33176	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		7262 Fisher Island DRIVE	MIAMI BEACH, FL 33109	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Harold G Haines Date: April 26, 08 305-298-3349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #