

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008590

1. Entity Name

LIPPHARDT PROPERTIES, L.L.C.



FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90045 012 ****50.00

0066244

Principal Place of Business 3807 NE MELBA DRIVE JENSEN BEACH FL 34957 US	Mailing Address 3807 NE MELBA DRIVE JENSEN BEACH FL 34957 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 610 Suite, Apt. #, etc.
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City & State Jensen Beach, FL	City & State Jensen Beach, FL
Zip 34958	Country USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0964960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ACHEE, CHRIS 3807 NE MELBA DRIVE JENSEN BEACH FL 34957	
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 *Chris Achee* change of mailing address only 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM ACHEE, CHRIS 3807 NE MELBA DRIVE JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ACHEE, Chris P.O. BOX 610 Jensen Beach, FL 34958	<input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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:

Chris Achee SIGNATURE REQUIRED

5/1/03

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

Date

Daytime Phone #

CR2E083 (10/02)