2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

DOCUMENT # N0100002410 1. 00000000 0 THE ELI AND JUDITH LIPPMAN FAMILY FOUNDATION, INC.					01-18-2005 90048 001 ****61.25			
225 WELLS ROAD 225		. 0 000000 000000 225 WELLS ROAD PALM BEACH, FL 33480			40002332			
Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005 Ch	ng-NP	CR2E037 (10/0	3)	
City & State		City & State		4. FEI Number 65-1100909	9		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		□ \$8.75	Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ress of New R			
KNIGHT, NEAL W JR ESQ 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480-0431			Name					
		I	Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
		•						
			City			FL Zip	Code	
	named entity submits this statement to ions of registered agent.	or the purpose of changing its re	gistered office or req	gistered agent, or both, in (the State of Flo	orida. I am familiar v	vith, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature re			DATE		
Filing Fee is \$61.25			where on videous are unto a u	equired when reinstating)		DATE		
		9. 09000000000		\$5.00 May Be		lake check payab		
	Due by May 1, 2005	00000000000		\$5.00 May Be Added to Fees	Flor	fake check payab rida Department c	of State	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(15/05

Daytime Phone #