

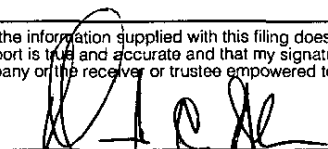


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90348 007 \*\*\*\*50.00

<b>DOCUMENT # L03000042174</b> 1. Entity Name <b>JUPITER BEACH DEVELOPMENT LLC</b>					
Principal Place of Business 1100 LINTON BOULEVARD SUITE C-9 DELRAY BEACH, FL 33444			Mailing Address 1100 LINTON BOULEVARD SUITE C-9 DELRAY BEACH, FL 33444		
2. Principal Place of Business <i>1001 E. Atlantic Ave</i> Suite, Apt. #, etc. <i>Suite 202</i>		3. Mailing Address <i>1000 Market Street</i> Suite, Apt. #, etc. <i>Suite 300</i>			
City & State <i>Delray Beach, FL</i>		City & State <i>Portsmouth, NH</i>		01062004 Chg-LLC CR2E083 (10/03)	
Zip <i>33483</i>		Zip <i>03801</i>		4. FEI Number <i>56-2414373</i>	
Country <i>US</i>		Country <i>US</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  CRITCHFIELD, RICHARD H 1100 LINTON BOULEVARD SUITE C-9 DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00                  Due by May 1, 2004</b>			<b>Make check payable to                  Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Michael P. Walsh 1000 Market Street Portsmouth, NH 03801	<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	Manager Richard C. Ahe 1000 Market Street Portsmouth, NH 03801	<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	
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.					
<b>SIGNATURE:</b> 				Date: <i>1-9-2004</i> Daytime Phone #: <i>(603)559-2100</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <span style="float: right;">Date Daytime Phone #</span>					
<i>Richard C. Ahe, Manager</i>					