

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000047246

1. Entity Name  
 JUPITER ATLANTIC LLC



Principal Place of Business  
 13574 Rhone Drive  
 Palm Beach Gardens, FL 33410 US

Mailing Address  
 PMB 303  
 5500 Military Trail, Suite 22  
 Jupiter, FL 33458 US



01042006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 11-3720261

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MANN, THOMAS A  
 13574 RHONE DRIVE  
 PALM BEACH GARDENS, FL 33410

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00  
 Due by May 1, 2006

1100700398266  
 01/30/06-80089-008 50.00

MANAGING MEMBERS/MANAGERS

MGR MANN, THOMAS A 13574 RHONE DRIVE PALM BEACH GARDENS, FL 33410
MGR MICHEL, BENO M.D. 5 HAMPTON COURT BEACHWOOD, OH 44122
MGR MANN, DIANN G 13574 RHONE DRIVE PALM BEACH GARDENS, FL 33410
MGR MICHEL, ELAINE 5 HAMPTON COURT BEACHWOOD, OH 44122

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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

*Thomas A. Mann*  
 Thomas A. Mann

1/5/2006

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

Date

Daytime Phone #