




**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

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	
<b>DO NOT WRITE IN THIS SPACE</b>		
 01032007No Chg-LLC      CR2E083 (11/05)		
4. FEI Number 11-3720261		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
MANN, THOMAS A 13574 RHONE DRIVE PALM BEACH GARDENS, FL 33410		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered agent signature required when reappointing)      DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MANN, THOMAS A 13574 RHONE DRIVE PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MICHEL, BENO M.D. 5 HAMPTON COURT BEACHWOOD, OH 44122	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MANN, DIANN G 13574 RHONE DRIVE PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MICHEL, ELAINE 5 HAMPTON COURT BEACHWOOD, OH 44122	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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  Thomas A. Mann    1/17/07    3077322/21		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime phone #</small>		

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