2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047246

1. Entity Name
JUPITER ATLANTIC LLC



FILED Jan 22, 2008 08:00 A Secretary of State

Principal Place of Business

13574 RHONE DRIVE PALM BEACH GARDENS, FL 33410 Mailing Address

PMB 303

5500 MILITARY TRAIL, SUITE 22 JUPITER, FL 33458 US



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired S5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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.

CITY-ST-ZIP

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

01/23/08-80072-011 138.75

MANAGING MEMBERS/MANAGERS 9. MGR TITLE MANN, THOMAS A 13574 RHONE DRIVE STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP MGR TITLE MICHEL, BENO M.D. NAME **5 HAMPTON COURT** STREET ADDRESS BEACHWOOD, OH 44122 CITY-ST-ZIP TITLE MGR MANN, DIANN G STREET ADDRESS 13574 RHONE DRIVE CITY - ST - ZIP PALM BEACH GARDENS, FL 33410 MGR MICHEL, ELAINE NAME STREET ADDRESS **5 HAMPTON COURT** CITY-ST-ZIP BEACHWOOD, OH 44122 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 accordate 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 of true and accordance to execute this report as required by Chapter 608, Florida Statutes.

minds lability of label of label and selection of the sel

SIGNATURE:

SIGNATURE AND TYLE OF PRINCED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 2 2 2 Despring Program P