2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000047256

1. Entity Name
JUPITER ATLANTIC III LLC

20039768

Principal Place of Business	Mailing Address
13574 RHONE DRIVE PALM BEACH GARDENS, FL 33410 US	PMB 303 5500 MILITARY TRAIL, SUITE 22 JUPITER, FL 33458 US

03182005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number
80- 0111684

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANN, THOMAS A 13574 RHONE DRIVE PALM BEACH GARDENS, FL 33410	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MANN, THOMAS A		NAME	
STREET ADDRESS	13574 RHONE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MICHEL, BENO M.D.		NAME	
STREET ADDRESS	5 HAMPTON COURT		STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD, OH 44122		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MANN, DIANN G		NAME	
STREET ADDRESS	13574 RHONE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MICHEL, ELAINE		NAME	
STREET ADDRESS	5 HAMPTON COURT		STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD, OH 44122		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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.

561-634-6898

SIGNATURE: _____ MANAGER   4/10/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #