

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003151

1. Entity Name

JUPITER ISLAND CABINET MAKERS L.L.C.

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90076 013 \*\*\*\*50.00

956538



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 375 HOBE SOUND FL 33475		Mailing Address P.O. BOX 375 HOBE SOUND FL 33475	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0928154	Applied For <input 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

~~BEDWELL, ANN~~ **FRANKLIN, FORD**  
ONE ESTRADA ROAD  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name **FRANKLIN, FORD**  
Street Address (P.O. Box Number is Not Acceptable)  
**ONE ESTRADA RD.**  
City **HOBE SOUND** FL Zip Code **33455**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JUPITER ISLAND HOLDINGS, INC. ONE ESTRADA ROAD HOBE SOUND FL 33455</b> <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
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CR2E083 (9/01)

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.

SIGNATURE:

**FRANKLIN, FORD**

4/24/02

561 546 2617

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

Date

Daytime Phone #