

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M94000000141
 1. Entity Name
JUPITER INVESTMENTS, L.C.

DIVISION OF CORPORATIONS
 00 MAR -6 AM 11:56

Principal Place of Business Mailing Address
 50 S. U.S. HIGHWAY ONE 50 S. U.S. HIGHWAY ONE
~~SUITE 200~~ ~~SUITE 200~~
 JUPITER FL 33477 JUPITER FL 33477-5114



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 306 Suite 306
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 42-1401927 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 YOUNG, RICHARD
 50 SOUTH HWY US #1, SUITE 200
 JUPITER FL 33477

7. Name and Address of New Registered Agent
 Name Richard J. Witham
 Street Address (P.O. Box Number is Not Acceptable)
 50 S. U.S. Hwy #1, Suite 306
 City JUPITER FL Zip Code 33477

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]* Dick Witham 3-3-00
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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	MGRM WITHAM, RICHARD J	<input type="checkbox"/> Delete
STREET ADDRESS	2033 LAPORTE ROAD	
CITY-ST-ZIP	WATERLOO IA 50701	
TITLE NAME	MGRM YOUNG, RICHARD C	<input type="checkbox"/> Delete
STREET ADDRESS	750 S. HACKETT ROAD	
CITY-ST-ZIP	WATERLOO IA 50701	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

mf 3/20/00
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 -03/21/00-01855 005
 *****50.00 *****50.00

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: *[Signature]* 3-3-00 (561) 575-9722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)