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2001 UNIFORM BUSINESS REPORT (UBR) M94000000141 **DOCUMENT#** 1. Entity Name JUPITER INVESTMENTS, L.C. FILED DO OF MA ET NUL Principal Place of Business Mailing Address SECRETARY OF STATE 50 S. U.S. HIGHWAY ONE 50 S. U.S. HIGHWAY ONE SUITE 306 SUITE 306 TALLAHASSEE, FLORIDA JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 42-1401927 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WITHAM, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 50 SOUTH HWY US #1, SUITE 306 JUPITER FL 33477 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. 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 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition WITHAM, RICHARD J NAME NAME 2033 LAPORTE ROAD STREET ADDRESS STREET ADDRESS WATERLOO IA 50701 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE 600004433356 ☐ Delete TITLE ☐ Addition YOUNG, RICHARD C NAME NAME 750 S. HACKETT ROAD -06/21/01--01004--002 STREET ADDRESS STREET ADDRESS WATERLOO IA 50701 CITY-ST-ZIP CITY-ST-ZIP *****50.00 *****50.00 TITLE ☐ Delete TITI F ☐ 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 TITLE: ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME

11. I hereby certify that the information supplied with this fling 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 trusted employered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

STREET ADDRESS

C/TY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition