

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90114 042 ****50.00

DOCUMENT # M02000001787		
1. Entity Name ALCAT JUPITER, LLC		

Principal Place of Business C/O HENRI J. DESPLAINES 11780 US HWY #1, STE 204 NORTH PALM BEACH FL 33408	Mailing Address C/O HENRI J. DESPLAINES 11780 US HWY #1, STE 204 NORTH PALM BEACH FL 33408
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 82-0553767		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent DESPLAINES, HENRI J J.J. TAYLOR COMPANIES, INC. 11780 US HWY #1, STE 204, GOLDEN BEAR PLZ NORTH PALM BEACH FL 33408		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, JOHN J III 11780 US HWY #1, SUITE 204 NORTH PALM BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESPLAINES, HENRI J 11780 US HWY. #1, STE 204 NORTH PALM BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Henri J. Desplaines **HENRI J. DESPLAINES** 1/27/05 561 775 1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #