2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 09, 2005 08:00 AM Secretary of State

| | | | | , 2003 00.00 |
|--|--|---|--|-----------------------------------|
| DOCUMENT # L03000027469 | | | Secretary of State | |
| 1. Entity Nam | | | | |
| JUPETER | λ, ΔΕΟ = | | | |
| <u></u> | | 7.10 | | |
| Principal Plac | e of Business Mailing Address | | | |
| | DORE DRIVE 175 COMMODORE DRIVE | | | |
| JUPITER, FL | 33477 JUPITER, FL 33477 | | | |
| | - Control of the cont | |) I Company and Co | |
| | | | | |
| DO NOT WRITE IN THIS SPA | | CE | 02252005 No Chg-LLC | CR2E083 (10/03) |
| | | | 4. FEI Number | Applied For |
| | | | 20-0113410 | Not Applicable |
| | | | 5. Certificate of Status Desired | \$5.00 Additional Fee Required |
| | 6. Name and Address of Current Registered Agent | | | |
| MORSE, NORMAN | | | DO NOT WE | ITE |
| 175 COMMODORE DRIVE | | DO NOT WRITE | | |
| JUPITER, FL 33477 | | IN THIS SPACE | | |
| | | | | |
| | | | | |
| 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. | | | | |
| OLOMATURE TO THE TANK | | | | |
| SIGNATURE Signature, typed or prifited name of registered agent and title if applicable. (NOTE Registered agent and title if applicable. | | | when reinstaling) | DATE |
| | iling Fee is \$50.00 | | | |
| 5 | ue by May 1, 2005 | | | |
| 9, | MANAGING MEMBERS/MANAGERS | ь . | <u> </u> | |
| TITLE | MGRM | - | • | |
| NAME | THE MORSE REAL ESTATE TRUST DATED APRIL 5 | | 03/09/00 :03/09/05-80 |)77 |
| STREET ADDRESS | 175 COMMODORE DRIVE | | 03/09/05-8003 | 37-020 55. 00 |
| CITY-ST-ZIP | JUPITER, FL 33477 | -{ | | |
| TITLE NAME | | | | |
| STREET ADDRESS | | 1 | | |
| CITY-ST-ZIP | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | - |
| TITLE | | 1 | | |
| NAME CYPECT ADDRESS | | 1 | | |
| STREET ADDRESS CITY-ST-ZIP | | 1 | $_$ DO NOT WR | ITE |
| TITLE | | | IN THIS SPA | |
| NAME | | 1 | III I I I I I I I I I | CE |
| STREET ADDRESS | | Į. | | |
| 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.

SIGNATURE: MONTH MONTH OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Date Daytime Phone #