

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90237 039 ****50.00

DOCUMENT # L00000002173

1. Entity Name

JUPITER OCEAN GRANDE, L.L.C.

Principal Place of Business

**1700 OCEAN WAY
JUPITER FL 33477**

Mailing Address

**1700 OCEAN WAY
JUPITER FL 33477**

943311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0989363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHISON, STEPHEN S ESQ.
MATHISON & MATHISON
5606 PGA BLVD., STE. 211
PALM BEACH FL 33418**

Name **Scott J. Leithen**

Street Address (P.O. Box Number is Not Acceptable)

1001 N. US Hwy ONE, STE 400

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, 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 **MGRM** ☐ Delete
MARRANO/MARC EQUITY
STREET ADDRESS
2730 TRANSIT RD
CITY-ST-ZIP
W. SENECA NY 14224

TITLE
NAME **The Marrano/Marc - Equity Corporation** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM** ☐ Delete
DEANGELIS, DANIEL
STREET ADDRESS
1700 OCEAN WAY
CITY-ST-ZIP
JUPITER FL 33477

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM** ☒ Delete
DOUGHERTY, WILLIAM
STREET ADDRESS
1700 OCEAN WAY
CITY-ST-ZIP
JUPITER FL 33477

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

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

Date

Daytime Phone #

CR2E083 (9/01)