

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 18 PM 2:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L00000010474

1. Entity Name
 JUPITER WAREHOUSE, L.L.C.

Principal Place of Business
 113 VICTORIAN LANE
 JUPITER FL 33458

Mailing Address
 113 VICTORIAN LANE
 JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 Toney Penna Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

33458

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GIRVIN, D.R. ESQUIRE
 OCEANSIDE PROFESSIONAL CENTRE
 1080 EAST INDIANTOWN ROAD, SUITE 101
 JUPITER FL 33477

7. Name and Address of New Registered Agent

Name Stephen M. White
 Street Address (P.O. Box Number is Not Acceptable)
 113 Victorian Lane
 City Jupiter FL Zip Code 33458

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 Stephen M. White - President (Stephen M. White)
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4/12/01

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

200004077742--5
 -04/25/01--01078--010
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephen M. White 113 Victorian Lane Jupiter, FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Karen S. White 113 Victorian Lane Jupiter, FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Stephen M. White (Stephen M. White)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 4/12/01 DAYTIME PHONE # 561-743-6336

CR2E083 (11/00)