

FILED
Jul 01, 2002 8:00 am
Secretary of State

06-02-2002 90903 026 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000016106

1. Entity Name

JUPITER ISLE OF FLORIDA ASSOCIATES, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1209 Delaware Avenue

3. Mailing Address

1209 Delaware Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce, FL

City & State

Ft. Pierce, FL

4. FEI Number

65-1109060

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT J. GORMAN, ESQUIRE

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

1209 Delaware Avenue

City

Ft. Pierce

FL

Zip Code 34950

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CHAFFIN, Ryan M.
315 S. Union St. #6
Burlington, VT 05401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ASST. MGR
CHAFFIN, Michael
999 Asylum Ave #503
Hartford, CT 06105

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 #

CR2E083B (12/01)