

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90056 004 \*\*\*150.00

**DOCUMENT # L01000022129**

1. Entity Name  
**JUPITER LAW CENTER, LLC**



Principal Place of Business  
**CHASEWOOD PLAZA, SUITE 30  
6390 W. INDIANTOWN ROAD  
JUPITER, FL 33458 PB**

Mailing Address  
**CHASEWOOD PLAZA, SUITE 30  
6390 W. INDIANTOWN ROAD  
JUPITER, FL 33458 PB**



04182005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0569353**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GUMSON, ADAM S  
CHASEWOOD PLAZA, SUITE 30  
6390 W. INDIANTOWN ROAD  
JUPITER, FL 33458**

**DO NOT WRITE  
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.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

*Managing Member*

(NOTE: Registered Agent signature required when reissuing)

*4/21/05*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GUMSON, ADAM S  
6390 W. INDIANTOWN ROAD STE 30  
JUPITER, FL 33458**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*Managing Member*

Date

*4/21/05*

Daytime Phone

*(561) 744-*

*4600*