

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90697 046 \*\*\*\*50.00

0023271

DOCUMENT # L02000001826

1. Entity Name

JUPITER TREE HOLDINGS, L.L.C.



Principal Place of Business

Mailing Address

~~200 SE 6TH ST  
#603  
FT LAUDERDALE FL 33301~~

~~200 SE 6TH ST  
#603  
FT LAUDERDALE FL 33301~~

2. Principal Place of Business

3. Mailing Address

3333 NO. UNIVERSITY DR 3333 NO UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

A

City & State

City & State

DAVIE FL

DAVIE FL

Zip

Country

Zip

Country

33024

BROWARD

33024

BROWARD



CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0538350

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

VENTIERA, JOHN  
200 SE 6TH ST  
FT LAUDERDALE FL 33301

Name

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

3333 NO UNIVERSITY DR

City

DAVIE

FL

Zip Code

33024

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]* CPA

4-30-03

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM MITCHELL, DOUG	200 SE 6TH ST #603	FT LAUDERDALE FL 33301	<input type="checkbox"/>
MGRM VENTIERA, JOHN	200 SE 6TH ST #603	FT LAUDERDALE FL 33301	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM MITCHELL, DOUG	3333 N UNIVERSITY DR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM VENTIERA, JOHN	3333 NO UNIVERSITY DR DAVIE FL 33024		<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM ALTCHER, IRA	3333 N UNIVERSITY DR DAVIE FL 33024		<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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]* CPA

4/30/03

954 499 4440

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

Date

Daytime Phone #

CFR 0683 (10/02)