

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006997

FILED  
May 06, 2009  
Secretary of State

Entity Name: JUPITER HOSPITALITY, LLC

**Current Principal Place of Business:**

810 SOUTH U.S. 1  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

810 SOUTH U.S. 1  
JUPITER, FL 33477

**New Mailing Address:**

FEI Number: 01-0662144      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DINESH, DESAI  
8761 MARLAMOR LANE  
WEST PALM BEACH, FL 33412      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DESAI, DINESH  
Address: 8761 MARLAMOR LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM      ( ) Delete  
Name: DESAI, CHAMPA  
Address: 8761 MARLAMOR LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DINESH DESAI

MR.

05/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date