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2003 LIMITED LIABILITY COMPANY

Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # L02000009047 04-21-2003 90110 032 ****50.00 JUPITER GARDENS GROUP, LLC Principal Place of Business Mailing Address 375 RIVER EDGE ROAD 375 RIVER EDGE ROAD JUPITER FL 33477 JUPITER FL 33477 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. TH CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 82-0540669 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, THOMAS J 375 RIVER EDGE ROAD Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33477 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM Change ☐ Addition TITLE ☐ Delete TITLE MGRM THOM AS S. ROGERS, P.E., P.A. 375 RIVER EDGE ROAD ROGERS, THOMAS J NAME NAME 375 RIVER EDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 🐍 JUPITER FL 33477 CITY-ST-ZIP JUPITER, FL 33477 MGRM ☐ Delete MGRM Addition TITLE TITI F IACOBUCCI, MARK S NAME NAME MSI BUILDERS, MC. 10136 CAOBA STREET STREET ADDRESS 10136 CAOBA STREET STREET ADDRESS 33410 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP PALM BEACH GARDENS, TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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