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

## DOCUMENT # L02000009214 1. Entity Name

JUPITER VENUS, LLC



## FILED Jan 22, 2003 8:00 am Secretary of State 01-22-2003 90106 013 \*\*\*\*50.00

MAIN BEACH FL 33139													
### BANK PLANT R. 9139  ### BANK APP. #. etc.    Check Helife   FMAKING CHANGES	Principal Plac	ce of Busines	s		Mailing Address								
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  State Desired  State D									∠UU14888				
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  State Desired  State D										<b>.</b>			IANI ANDRI HADI
City & State  City & FL  Zip Code  Ci	2. Principal Place of Business				. Mailing Address								
Zip Country Zip Country Zip Country Zip Country St. (2006)   St. (2007)   St. (2007	Suite, Apt.	. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF	MAKING	CHANGES	i
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  CHRISTINE BOLLINGER HUNT 1830 MERIDIAN AVE., 805  MAMI BEACH FL 33139  Street Address (P.O. Box Number is Not Acceptable)  ID Not International I	City & State				City & State	4. FEI Nu			Imber O 2 - O 582/17 Applied For Not Applied For				
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligators of registered agent.    City   FL   Zip Code	Zip	_	Country		Zip	Coun	try	ا در <u>ي ر</u>			_ \$		
CHRISTINE BOLLINGER HUNT 1830 MERIDAN AVE., 605 MAMI BEACH FL 33139  Street Address (P.O. Box Number is Not Acceptable)  City		6. Name	and Address of Cu	rrent Reg	istered Agent		<u> </u>	1	7. Name a	nd Address of New Reg	-		
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)							Name						
City FL Zip Code  8. The above pared 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, typed or primed name or registered agent.   (hOTE: Registered Agent signature agent agent agent.   (hOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (hOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (hOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (hOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (hOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (hOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (hOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (hOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (hOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the particular agent.   (hOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the particular agent.   (hOTE: Registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the particular agent.   (hOTE: Registered	1830	) MERIDIAN	AVE., 605			Street A	Address (F	O. Box Num	nber is Not Acceptable)				
B. The above pamed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Content	MIAI	WI BEACH F	-L 33139	• • •			, t.	<u>:</u> -	• .				
SIGNATURE    Symature, hypod or printed name of registered agent and lote if applicable. (NOTE: Registered Agent signature required when rendamp)							City				FL	Zip Coc	le
SIGNATURE    Symature, hypod or printed name of registered agent and lote if applicable. (NOTE: Registered Agent signature required when rendamp)	8. The above	named entit	y submits this statem	ent for the	e purpose of changing its	registere	L ed office o	r reaistere	d agent, or t	ooth, in the State of Florida	a. Lam fa	I miliar with.	and accept
Signature, typed or printed name of legistered agont and title il applicable. (NOTE Registered agont and releasement of State      FILE NOW!!! FEE IS \$50.00	the obligat	tions of regist	ered agent.		, ,	Ŭ		<b>J</b>					
FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State Due By May 1, 2003   ADDITIONS/CHANGES   TILE   MAKE	SIGNATURE .												
MANAGING MEMBERS / MANAGERS  MANAGING MEMBERS / MANAGERS  ITTLE MANE MANE MANE MANE MANE MANE MANE MAN		Signature, typed	or printed name of registered	agent and tit	tle if applicable. (NOTE	: Registered	d Agent signa	ure required v	when reinstating)	T	DATE		
TITLE MAME MAME MAME MAME MAME MAME MAME MA					Make Check Payabl	e to Fid	orida De	partmen	t of State				
TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   NAME	9.		MANAGING ME	MBERS/	MANAGERS	10.		-		ADDITIONS/CH	IANGES		
STREET ADDRESS   STREET	TITLE				☐ Delete	TITLE		PRES	N. W.			Change	Addition
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME					NAME		ELIZ	AMOTH MELL SI	MUDRAVE AN ALE ASS			_
Delete   TITLE   NAME   NAM	STREET ADDRESS					STRE	ET ADDRESS	\B20.	ים ישבאן	2.36			
NAME STREET ADDRESS CITY-ST-ZIP    Delete	CITY-ST-ZIP					CITY-	-ST-ZIP	MIAMI	ج رادعي	2 35/37			
STREET ADDRESS CITY-ST-ZIP    Delete	TITLE				☐ Delete	TITLE		UiOE	PAESIN	(-154 V)	Ţ	Change	Addition
CITY-ST-ZIP	_						-	Sc /20	DO NOR	in due 405			
TITLE			2					1890	MERCH	73,80			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE IAME IAME IAME IAME ITTLE IAME ITTLE IAME ITTLE IAME IAME ITTLE IAME IAME IAME IAME IAME IAME IAME IAM						·		MIAN	11 /84	FC SHOT			
STREET ADDRESS CITY-ST-ZIP  TILE IAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	1			•	- /	i	Change	☐ 'Addition
CITY-ST-ZIP													
TITLE IAME IAME ISTREET ADDRESS ICITY-ST-ZIP ITLE IAME IAME IAME IAME IAME IAME IAME IAM	CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP CITYE CITY-ST-ZIP CITYE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CITY-ST-ZIP CHANGE CITY-ST-ZIP	TTI F				☐ Daloto	-					· · · · · · · · · · · · · · · · · · ·	Change	Addition
STREET ADDRESS CITY-ST-ZIP  TITLE IAME IAME STREET ADDRESS CITY-ST-ZIP  TITLE IAME IAME STREET ADDRESS CITY-ST-ZIP  TITLE IAME STREET ADDRESS CITY-ST-ZIP  TITLE IAME IAME IAME IAME IAME IAME IAME IAM					La Delete	1					ı	Change	Addition
TITLE TAME TREET ADDRESS TRY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP		Ī						1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE LAME LAME STREET ADDRESS CITY-ST-ZIP TITLE LAME LAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP	SITY-ST-ZIP					CITY-	ST- ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE LAME LAME STREET ADDRESS CITY-ST-ZIP TITLE LAME LAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP	ITLE				☐ Delete	TITLE				<del></del>	Г	Change	Addition
CITY-ST-ZIP  CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	IAME										-		
TITLE TITLE TITLE TITLE TITLE TO Change Addition NAME  TREET ADDRESS TREET ADDRESS CITY-ST-ZIP	TREET ADDRESS					STREE	T ADDRESS						
AME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP					CITY-	ST-ZIP						
TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	ITLE				☐ Delete	TITLE					[	Change	☐ Addition
TTY-ST-ZIP CITY-ST-ZIP	IAME												
						1							
1. 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			<del> </del>										

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.

01/06/03