2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGN

Jul 21, 2003 8:00 am **Secretary of State** DOCUMENT #L0200014409 07-21-2003 90088 040 ****50.00 Jupiter Heights, LLC Principal Place of Business Mailing Address 160 TONEY PENNA DR. 160 TONEY PENNA DR. JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. -☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 13228 01-0 Not Applicable Zip Country Zip Country \$5.00 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SARDINHA, FRANK JR. Street Address (P.O. Box Number is Not Acceptable) 160 JONEY PENNA DR. JUPITER FL 33458 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE Addition MADEIRA ISLAND PROPERTIE TITLE Change NAME NAME P.O. BOX 7/27 STREET ADDRESS STREET ADDRESS JUDITER. Pl. 33468 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change CATHY DIVOSTA PLOYD, NAME NAME STREET ADDRESS STREET ADDRESS Palm Beach Gardis, Pl. 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition JOSEPH J. PLOYD TRUSTEE 12/10/92 NAME NAME 4500 PGA BLUD # 207. STREET ADDRESS STREET ADDRESS E, Polm Beach Coolus, Pl. 33418 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change ☐ Addition STEPHEN L. OLDHAM. NAME NAME 19487 Wack Harlon. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAMÊ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 it 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.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE