

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

07-10-2003 90052 046 ****50.00

DOCUMENT # L02000015873

1. Entity Name

JUPITER ISLAND LAND TITLE, LLC



Principal Place of Business

**3300 PGA BLVD., STE. #500
PALM BEACH GARDENS FL 33410**

Mailing Address

**3300 PGA BLVD., STE. #500
PALM BEACH GARDENS FL 33410**

55053510

2. Principal Place of Business

3300 PGA Boulevard

Suite, ~~XXXX~~

500

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADAMS, DONNA NADEAU
3300 PGA BLVD., STE. #500
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 obligation of registered agent.

SIGNATURE

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
DONNA NADEAU ADAMS
3300 PGA Boulevard
PALM BEACH GARDENS, FL 33410**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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☐ Addition

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/03)