2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/13/2004-90132-049 $50.00 $50.00

2004 NOV 17 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027938

1. Entity Name

JUPITER ISLAND RESIDENTIAL SERVICES, LLC

Principal Place of Business	Mailing Address
12260 S.E. DIXIE HIGHWAY HOBE SOUND FL 33455	12260 S.E. DIXIE HIGHWAY HOBE SOUND FL 33455

MOORE CR2E083 (4/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-2385847 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM, MANSFIELD W JR.
12260 S.E. DIXIE HIGHWAY
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name BROWN, DONALD

Street Address (P.O. Box Number is Not Acceptable) 11450 SE DIXIE HWY SUITE 101

City HOBE SOUND FL Zip Code 33455

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 [signature] 10 Sept 2004
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 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☑ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MANSFIED W JR.		NAME	
STREET ADDRESS	118 GOMEZ ROAD		STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWN, DONALD		NAME	
STREET ADDRESS	12260 S.E. DIXIE HIGHWAY		STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 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] 10 Sept 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Donald J Brown 10-22-04 772 546 3636