

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90038 035 ****50.00

DOCUMENT # L02000027938

1. Entity Name

JUPITER ISLAND RESIDENTIAL SERVICES, LLC



Principal Place of Business

**12260 S.E. DIXIE HIGHWAY
HOBE SOUND FL 33455**

Mailing Address

**12260 S.E. DIXIE HIGHWAY
HOBE SOUND FL 33455**

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

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 obligations 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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	WILLIAMS, MANSFIED W JR.			
	118 GOMEZ ROAD			
	HOBE SOUND FL 33455			
	MGRM			
	BROWN, DONALD			
	12260 S.E. DIXIE HIGHWAY			
	HOBE SOUND FL 33455			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *MANUEL W. WILLIAMS* SIGNED

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

26 February 2003 (772) 546-8269

Date

Daytime Phone #

CR2E083 (10/02)