

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90130 004 ****50.00

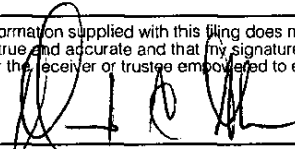
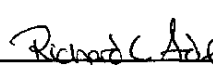
24036237



01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number **13-4262920** Applied For ☐ Not Applicable ☒

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

DOCUMENT # L03000026360			
1. Entity Name JENSEN BEACH LLC			
Principal Place of Business 1100 LINTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444		Mailing Address 1100 LINTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444	
2. Principal Place of Business 1001 E Atlantic Ave		3. Mailing Address 1000 Market Street	
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc. Suite 300	
City & State Delray Beach, FL		City & State Portsmouth, NH	
Zip 33483	Country US	Zip 03801	Country US
6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD H 1100 LINTON BLVD. SUITE C-7 DELRAY BEACH, FL 33444		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager Richard C. Ade 1000 Market Street Portsmouth, NH 03801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 1-9-2004 Daytime Phone # (603) 559-2100	