

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90345 035 ****50.00

DOCUMENT # L03000041734

1. Entity Name
JUPITER BEACH RESORT LLC



Principal Place of Business
**1100 LINTON BOULEVARD
SUITE C-9
DELRAY BEACH, FL 33444**

Mailing Address
**1100 LINTON BOULEVARD
SUITE C-9
DELRAY BEACH, FL 33444**



2. Principal Place of Business

1001 E Atlantic Ave

Suite, Apt. #, etc.

Suite 202

City & State

Delray Beach, FL

Zip

33483

Country

US

3. Mailing Address

1000 Market Street

Suite, Apt. #, etc.

Suite 300

City & State

Barnstable, MA

Zip

03801

Country

US

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number

57-1192232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRITCHFIELD, RICHARD H
1100 LINTON BOULEVARD
SUITE C-9
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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	Manager	<input type="checkbox"/> Delete
NAME	Michael P. Walsh	
STREET ADDRESS	1000 Market Street	
CITY - ST - ZIP	Barnstable, MA 03801	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Richard C. Ade	
STREET ADDRESS	1000 Market Street	
CITY - ST - ZIP	Barnstable, MA 03801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Richard C. Ade, Manager

1-4-2004 (603) 559-2600