

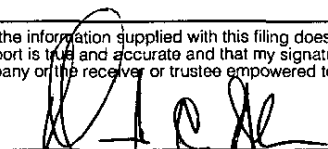


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-31-2004 90348 007 ****50.00

DOCUMENT # L03000042174 1. Entity Name JUPITER BEACH DEVELOPMENT 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		3. Mailing Address 1000 Market Street Suite, Apt. #, etc. Suite 300 City & State Portsmouth, NH Zip 03801			
4. FEI Number 56-2414373		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (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 Michael P. Walsh 1000 Market Street Portsmouth, NH 03801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Richard C. Ade 1000 Market Street Portsmouth, NH 03801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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					
Richard C. Ade, Manager					
Date 1-9-2004 Daytime Phone # (603)559-2100					