## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000042174

'1. Entity Name JUPITER BEACH DEVELOPMENT LLC

FILED Mar 23, 2007 08:00 A Secretary of State

Principal Place of Business

1001 E. ATLANTIC AVE

SUITE 202 DELRAY BEACH, FL 33483 Mailing Address

1000 MARKET STREET

SUITE 300

PORTSMOUTH, NH 03801



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2414373

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 1001 E ATLANTIC AVE DELRAY BEACH, FL 33444

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	ed office or registered agent, or both, in th	le State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Projectored	d Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007	(NO.E. Nagialoreo	y year a squared or opposed with a non-maning,	
9.	MANAGING MEMBERS/MANAGERS			<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, MICHAEL P 1000 MARKET STREET PORTSMOUTH, NH 03801			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CADE, RICHARD 1000 MARKET STREET PORTSMOUTH, NH 03801			U00000000000
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000676365 /30/07-80055-019 50.00 <b>OT WRITE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TH	IS SPACE
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 of the regeiver or trustee-empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1/19/07

(00) 525 (COS)