## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 06, 2005 8:00 am Secretary of State **DOCUMENT # L03000045173** 04-06-2005 90020 036 \*\*\*\*50.00 JUPITER ISLAND HOLDINGS, LLC Principal Place of Business Mailing Address 399 NORTH CYPRESS DRIVE 399 NORTH CYPRESS DRIVE TEQUESTA; FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0465017 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOURASSA, JOHN H Street Address (P.O. Box Number is Not Acceptable) 399 NORTH CYPRESS DRIVE TEQUESTA, FL 33469 City 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 a fotolity (serie and z kir bysa in Eine. Z maje Nadlenić รัฐ (ก.ม.ล.ยพาก (เมคิ และลา การเมษากรี ค.ษ. ม เลขาบริเทศ Make check payable to:แดงกระสม an ingerier voor in Igad oo<del>an</del> in **o**ortha chieb abit w Piling Fee is \$50.00 Due by May 1, 2005 CEL ME LINE Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE Delete TITLE Change Addition INDECO, LLC NAME NAME STREET ADDRESS 399 NORTH CYPRESS DRIVE STREET ADORESS CITY-ST-7IP TEQUESTA, FL 33469 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME DINK INVESTMENTS, LLC NAME STREET ADDRESS 850 MAIN STREET STREET ADORESS CTTY-ST-ZP BRIDGEPORT, CT 06601 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME. . .... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 11. I hereby certly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes: If further certify that the information indicated on this repost is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of fustee empowered to execute this report as required by Chapter 608, Florida Statutes. the feet was the mark retrientable (4) SIGNATURE John H. Bourassa 561-746-5310 FENTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**