

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90032 028 ****50.00

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|--|---------------------------------|---------------------------|---|--|--|
| DOCUMENT # L04000011421 | | | | | |
| 1. Entity Name JUPITER WATERWAYS, L.L.C. | | | | | |
| Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, 10TH FLOOR MIAMI, FL 33133 | | | Mailing Address 2601 SOUTH BAYSHORE DRIVE, 10TH FLOOR MIAMI, FL 33133 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| <div style="display: flex; justify-content: space-between;"> 03112005 Chg-LLC CR2E083 (10/03) </div> | | | | | |
| 4. FEI Number 20-0909079 | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| CAPOTE, NIBALDO J ESQ 2601 SOUTH BAYSHORE DRIVE, 10TH FLOOR MIAMI, FL 33133 | | | Name Intrastate Registered Agent Corp. Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite 3000 City Miami FL Zip Code 33131 | | |
| 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 | | | DATE <u>12/05</u> | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
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| 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: | | | Willy A. Bermello 04/14/2005 305-8603704 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |