2008 LIMITED LIABILITY COMPANY

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FILED Mar 07, 2008 08:00 A Secretary of State

ANNUAL REPORT	•
DOCUMENT #1 04000018748	-

1. Entity Name 1095 JUPITER PARK DRIVE, LLC

Principal Place of Business

Mailing Address

607 NORTH AVE

607 NORTH AVE

SUITE 14A WAKEFIELD, MA 01880 SUITE 14A WAKEFIELD, MA 01880



02132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0845410

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDINI, JAMES G 2391 SE OCEAN BLVD STUART, FL 34996

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	e named entity submits tions of registered age		ement for the purpose of c	hanging its re	gistered office o	r registered agent, (or both, i	n the State of Florida.	I am familiar with	n, and accep
SIGNATURE.	·								•	
	Signature, typed or printed name of registered agent and title if applicable.			(NOTE: R	egistered Agent signa	ture required when reinstate	ng)	H00000831557		
								00 /00 /00 00		

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

93/25/08-80024-003 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALDINI, JAMES G 2391 SE OCEAN BLVD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
11' I hereby	certify that the information supplied with this filling does not qualify for the ex-

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I hereby certify that the information supplied with this filing 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jayrs G. Baldini 2/15/08

781-246-5600)

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