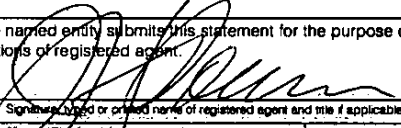
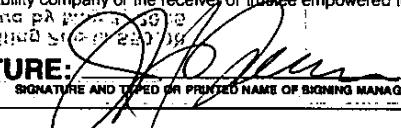


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90020 038 ****50.00

DOCUMENT # L04000025892 1. Entity Name JUPITER ISLAND PARTNERS, LLC																																			
Principal Place of Business 399 N. CYPRESS DRIVE TEQUESTA, FL 33469			Mailing Address 399 N. CYPRESS DRIVE TEQUESTA, FL 33469																																
2. Principal Place of Business		3. Mailing Address																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																	
City & State		City & State																																	
Zip	Country	Zip	Country	4. FEI Number 74-3119175																															
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																															
6. Name and Address of Current Registered Agent BOURASSA, JOHN 399 N. CYPRESS DRIVE TEQUESTA, FL 33469				7. Name and Address of New Registered Agent Name: BOURASSA, JOHN H 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:  Signature of or printed name of registered agent and title if applicable. John H. Bourassa (NOTE: Registered Agent signature required when reinstating) 3/22/05 DATE																																			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>MGRM</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>BOURASSA, JOHN</td> <td>399 N. CYPRESS DRIVE</td> <td>TEQUESTA, FL 33469</td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>MGRM</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>INDECO, LLC</td> <td>399 North Cypress Drive</td> <td>Tequesta, FL 33469</td> <td></td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		MGRM					BOURASSA, JOHN	399 N. CYPRESS DRIVE	TEQUESTA, FL 33469		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition		MGRM					INDECO, LLC	399 North Cypress Drive	Tequesta, FL 33469	
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	INDECO, LLC	399 North Cypress Drive	Tequesta, FL 33469																																
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				Date: 3/22/05 Daytime Phone #: 561-746-5310																															