

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000047252**

1. Entity Name  
**JUPITER ATLANTIC II LLC**



Principal Place of Business  
**13574 RHONE DRIVE  
PALM BEACH GARDENS, FL 33410 US**

Mailing Address  
**PMB 303  
5500 MILITARY TRAIL, SUITE 22  
JUPITER, FL 33458 US**



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0111682**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MANN, THOMAS A  
13574 RHONE DRIVE  
PALM BEACH GARDENS, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

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)

**U000000731355**

**01/23/08-80072-010 138.75**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MANN, THOMAS A  
13574 RHONE DRIVE  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MICHEL, BENO M.D.  
5 HAMPTON COURT  
BEACHWOOD, OH 44122**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MANN, DIANN G  
13574 RHONE DRIVE  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MICHEL, ELAINE  
5 HAMPTON COURT  
BEACHWOOD, OH 44122**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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 OR AUTHORIZED REPRESENTATIVE

**307-732-2121**

Date

Daytime Phone #