## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Mar 23, 2007 08:00 A Secretary of State

| D | 0 | Cl | JΝ | ΙEΙ | VT | # | LC | 40 | 00 | 05 | 02 | 244 |
|---|---|----|----|-----|----|---|----|----|----|----|----|-----|
|   |   |    |    |     |    |   |    |    |    |    |    |     |

1. Entity Name
JUPITER LLC



US

Principal Place of Business

Mailing Address

1001 EAST ATLANTIC AVENUE

1000 MARKET STREET

SUITE 202

DELRAY BEACH, FL 33483

STE 300 PORTSMOUTH, NH 03801

CR2E083 (11/05)

4. FEI Number 27-6110686

01042007 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33483

SIGNATURE:

SIGNATURE AND TYPED OR I

## 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  |   |   |  |  |  |  |  |  |  |
| 0,0,1,1,0,12   | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere | Agent signature required when reinstating) DATE |  |  |  |  |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |   |   |  |  |  |  |  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |   |  |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR ADE, RICHARD C 1000 MARKET STREET PORTSMOUTH, NH 03801                                    |   |  |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | U00000676372<br>03/30/07-80055-021 50.00        |  |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | DO NOT WRITE                                    |  |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ·   | IN THIS SPACE                                   |  |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |  |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP  |   |   |  |  |  |  |  |  |  |
| 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 true receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes |   |   |  |  |  |  |  |  |  |

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

c. Ade, Manager