
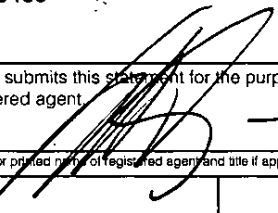


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90130 023 \*\*\*\*50.00

<b>DOCUMENT # L04000073484</b>			
1. Entity Name <b>JUPITER COVE EXECUTIVE SUITES, LLC</b>			
Principal Place of Business <b>1359 N. 205TH STREET, SUITE B SHORELINE, WA 98133</b>		Mailing Address <b>1359 N. 205TH STREET, SUITE B SHORELINE, WA 98133</b>	
2. Principal Place of Business <b>212 Caribbean Road</b>		3. Mailing Address <b>212 Caribbean Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Palm Beach, Florida</b>		City & State <b>Palm Beach, Florida</b>	
Zip <b>33480</b>	Country <b>U.S.A.</b>	Zip <b>33480</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent  <b>ATTERBURY, WILLIAM W III, ES ALLEY, MAASS, ROGERS &amp; LINDSAY, P.A. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480</b>		7. Name and Address of New Registered Agent  Name <b>William W. Atterbury III, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>340 Royal Poinciana Way</b> <b>Suite 321</b> City <b>Palm Beach</b> FL Zip Code <b>33480</b>	
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 		(NOTE: Registered Agent signature required when reinstating) DATE <b>2/13/06</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM J4S ASSOCIATES, LLC 1359 N. 205TH STREET, SUITE B SHORELINE, WA 98133</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member Sequoia Holdings, LLC 212 Caribbean Road Palm Beach, FL 33480</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

  
**Douglas J. Buck**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2-13-2006 561-659-1770**

Date

Daytime Phone #