

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90097 041 ****50.00

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04272005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000077022 1. Entity Name JUPITER HARBOUR INLET ASSOCIATES, LLC					
Principal Place of Business 190 S.E. 5TH AVENUE DELRAY BEACH, FL 33483			Mailing Address 190 S.E. 5TH AVENUE DELRAY BEACH, FL 33483		
2. Principal Place of Business 1200 N-W-17TH AVE Suite, Apt. #, etc. 8		3. Mailing Address 1200 N-W-17TH AVE. Suite, Apt. #, etc. 8			
City & State DELRAY BEACH, FL Zip 33445		City & State DELRAY BEACH FL Zip 33445		Country USA	
4. FEI Number 		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ADELSON, ROBERT E 190 S.E. 5TH AVENUE DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name ROBERT E. ADELSON Street Address (P.O. Box Number is Not Acceptable) 1200 N-W-17TH AVE SUITE 8 City DELRAY BEACH FL 33445		
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 <u><i>Robert E. Adelson</i></u> ROBERT E. ADELSON 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADELSON, ROBERT E 190 S.E. 5TH AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT E. ADELSON 1200 N-W-12TH AVE SUITE 8 DELRAY BEACH, FL 33445
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADELSON, DIANE S 190 S.E. 5TH AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIANE S. ADELSON 1200 N-W-12TH AVE SUITE 8 DELRAY BEACH, FL 33445
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISCHMAN, EDWARD H 3900 E. INDIANTOWN ROAD #603 JUPITER, FL 33477	<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	
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 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 606, Florida Statutes.					
SIGNATURE: <u><i>Robert E. Adelson</i></u> ROBERT E. ADELSON 4/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #</small>					