2007 LIMITED LIABILITY COMPANY

nuise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

Jan 18, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000034481 01-18-2007 90018 003 ****50.00 1. Entity Name SKI JUPITER INVESTMENTS L.L.C. Principal Place of Business Mailing Address 1001 NORTH U.S. HIGHWAY ONE, STE 600 1001 NORTH U.S. HIGHWAY ONE, STE 600 JUPITER, FL 33477 JUPITER, FL 33477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 810 SATWN STrEET 810 SATURN STrEET Suite Apt. #, etc. Suite Apt. #, etc. 01132007 Chg-LLC CR2E083 (12/06) 30 City & State City & State 4. FEI Number Applied For FLORIDA JUPITER プロタップシレ Frozeda 52-2458943 Not Applicable Country PAM Beach ^{Zip}33¥77 Country \$5.00 Additional 5. Certificate of Status Desired PALM Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WISNESKI, RONALD H Street Address (P.O. Box Number is Not Acceptable) 1001 NORTH U.S. HIGHWAY ONE, STE 600 JUPITER, FL 33477 STE 30 Zip Code 33477 City Jupiter 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 RONALS H WISNESKI (NOTE: Registered Agent signature required when reinstating me of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE □ Delete TITLE Change | ☐ Addition WISNESKI, JONICA L NAME NAME STREET ADDRESS 18586 LAKESIDE GARDENS DR. STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP MGRM TITLE ☐ Delete THTLE Change ☐ Addition WISNESKI, RONALD H NAME NAME 18586 LAKESIDE GARDENS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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