


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000050125 1. Entity Name JUPITER DIVE BAR, LLC |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 400 SOUTH US HIGHWAY ONE SUITE #4 JUPITER, FL 33477 | Mailing Address 400 SOUTH US HIGHWAY ONE SUITE #4 JUPITER, FL 33477 |
|--|--|



01152007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-2867112 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

| |
|--|
| 6. Name and Address of Current Registered Agent ROAP, SRI S 400 S. US HIGHWAY ONE SUITE #4 JUPITER, FL 33477 |
|--|

| |
|---------------------------------------|
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|


**Filing Fee is \$50.00
Due by May 1, 2007**

000000592203
01/19/07-80054-002 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CULLIFER DOCKS, LLC 400 S. US HIGHWAY ONE, SUITE #4 JUPITER, FL 33477 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | Date <u>1/16/07</u> <small>Date</small> | Daytime Phone # _____ <small>Daytime Phone #</small> |
|--|--|---|