2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071008

Name:

Address:

City-St-Zip:

CONNELLY, STEVE

AKRON, OH 44319 US

879 NOLA AVE

Entity Name: JUPITER CONCIERGE LLC

FILED Apr 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 879 NOLA AVE **AKRON, OH 44319** US **Current Mailing Address: New Mailing Address:** 879 NOLA AVE AKRON, OH 44319 US FEI Number: 20-3118863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHEPHERD, CATHY 19430 WEST INDIES LANE TEQUESTA, FL 33469 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete CONNELLY, CAROLINE Name: Name: Address: 879 NOLA AVE Address: City-St-Zip: AKRON, OH 44319 US City-St-Zip: Title: MGR Title: () Change () Addition () Delete Name: SENN, MAX Name: Address: 1020 W. MARION #42 Address: City-St-Zip: PUNTA GORDA, FL 33950 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition SHEPHERD, JIM Name: Name: 19430 WEST INDIES LANE Address: Address: City-St-Zip: TEQUESTA, FL 33469 US City-St-Zip: () Delete Title: MGR Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CAROLINE CONNELLY MGR 04/14/2007