

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90050 035 \*\*\*\*50.00

**DOCUMENT # L05000074634**

1. Entity Name

THREE PALMS OF JUPITER, LLC



Principal Place of Business

3147 JUPITER PARK CIRCLE, SUITE 2  
JUPITER FL 33458

Mailing Address

3147 JUPITER PARK CIRCLE, SUITE 2  
JUPITER FL 33458



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1928 Commerce Ln #3

Suite, Apt. #, etc.

1928 Commerce Ln #3

City & State

Jupiter FL 33458

City & State

Jupiter, FL 33458

Zip

33458

Country

USA

Zip

33458

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-3418776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K  
480 MAPLEWOOD DRIVE, SUITE 5  
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME TUFO, JAMES J  
STREET ADDRESS 3147 JUPITER PARK CIRCLE, SUITE 2  
CITY-ST-ZIP JUPITER FL 33458

TITLE MGRM ☐ Delete  
NAME ZECCA, CHRISTOPHER E  
STREET ADDRESS 3147 JUPITER PARK CIRCLE, SUITE 2  
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*CGP*

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

Date

Daytime Phone #

3/15/06 5617448343