

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90062 001 \*\*\*\*50.00

<b>DOCUMENT # L05000106694</b> 1. Entity Name 820 JUPITER, LLC					
Principal Place of Business 463 WINDGATE COURT MELBOURNE, FL 32934			Mailing Address 463 WINDGATE COURT MELBOURNE, FL 32934		
2. Principal Place of Business 1415 TALON WAY Suite, Apt. #, etc.		3. Mailing Address 1415 TALON WAY Suite, Apt. #, etc.			
City & State MELBOURNE, FLORIDA		City & State MELBOURNE, FLORIDA		03272006 Chg-LLC CR2E083 (11/05)	
Zip 32934 Country USA		Zip 32934 Country USA		4. FEI Number 20-372 8424	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GHULATI, SOM P 463 WINDGATE COURT MELBOURNE, FL 32934			7. Name and Address of New Registered Agent Name GHULATI, Som P Street Address (P.O. Box Number is Not Acceptable) 1415 TALON WAY City MELBOURNE FL Zip Code 32934		
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  (Som P. GHULATI) MGRM 3-24-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHULATI, Som P. 1415 TALON WAY MELBOURNE, FL. 32934 <input checked="" 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	
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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 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:  MGRM 3-24-2006 321 255 0713 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

(Som P. GHULATI)