

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-03-2006 90063 026 \*\*\*\*50.00

**DOCUMENT # L05000107004**

1. Entity Name  
3085 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

Zip 32934 Country USA

Zip 32934 Country USA

03272008 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-372 8424

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**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

*[Signature]*  
Signature, typed or printed name of registered agent and title if not a corporation (NOTE: Registered Agent signature required when reconstituting)

MGRM

3-24-06

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GHULATI, Som P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1415 TALON WAY MELBOURNE, FL 32934
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

*[Signature]* MGRM

3-24-06

321  
255 0713

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

Date

Daytime Phone #

(Som P. GHULATI)