

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097312

Entity Name: SEVERN JUPITER, LLC

FILED
Jul 11, 2007
Secretary of State

Current Principal Place of Business:

1080 E. INDIANTOWN ROAD
STE. 201
JUPITER, FL 33477 US

New Principal Place of Business:

Current Mailing Address:

125 S. WINCHESTER RD.
ANNAPOLIS, MD 21401 US

New Mailing Address:

125 S. WINCHESTER RD.
ANNAPOLIS, MD 21409 US

FEI Number: 20-8102760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HACKNEY, ROBERT C ESQ.
625 N. FLAGLER DR.
9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

HACKNEY, ROBERT C ESQ.
MOYLE FLANIGAN ET AL.
625 N. FLAGLER DR. - 9TH FLOOR
WEST PALM BEACH, FL 33401 US

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: ROBERT C. HACKNEY

07/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEVERN REALTY PARTNE, RS, LLC
Address: 125 S. WINCHESTER RD.
City-St-Zip: ANNAPOLIS, MD 21401 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEVERN REALTY PARTNE, RS, LLC
Address: 125 S. WINCHESTER RD.
City-St-Zip: ANNAPOLIS, MD 21409 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ROBERT C. HACKNEY

ATTY

07/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date