

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000089387

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** TOLL JUPITER LLC

**Current Principal Place of Business:**

250 GIBRALTAR ROAD  
HORSHAM, PA 19044

**New Principal Place of Business:**

**Current Mailing Address:**

250 GIBRALTAR ROAD  
HORSHAM, PA 19044

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: M/P  
Name: WEBER, EDWARD D  
Address: 250 GIBRALTAR ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: M/VP  
Name: REINERT, RALPH  
Address: 24201 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: M/VP  
Name: BLUM, RONALD  
Address: 5300 W. ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP  
Name: WARSHAUER, MARK J  
Address: 250 GIBRALTAR ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: AVP  
Name: LARKIN, DAVID A  
Address: 250 GIBRALTAR ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: AVP  
Name: GREENSPAN, KENNETH J  
Address: 250 GIBRALTAR ROAD  
City-St-Zip: HORSHAM, PA 19044

I hereby 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: KENNETH J. GREENSPAN

AVP

01/26/2010

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