

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116141

FILED  
May 07, 2009  
Secretary of State

Entity Name: L.I.L.A.C. OF JUPITER/PALM BEACH, LLC

**Current Principal Place of Business:**

1630 NORTH U.S. HIGHWAY ONE  
UNIT 1  
JUPITER, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

1630 NORTH U.S. HIGHWAY ONE  
UNIT 1  
JUPITER, FL 33469

**New Mailing Address:**

FEI Number: 26-3916504      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:**

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

BENSON, SALLY S  
11211 PROSPERITY FARMS ROAD  
SUITE C-111  
PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BENSON, SALLY S  
Address: 4380 HICKORY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM ( ) Delete  
Name: EGIZIO, DIANNE  
Address: 8598 SW SEA CAPTAIN DRIVE  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SALLY S. BENSON

MM/M

05/07/2009

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