

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90237 016 ****55.00

DOCUMENT #

1. Entity Name

JUPITER-GREENWICH LLC

L96000000739

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6460 Mariner Sands Dr. Stuart

3. Mailing Address

6460 Mariner Sands Dr. Stuart, Fla. 34997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Stuart, Fla. 34997

Stuart, Fla. 34997

City & State

City & State

Stuart, Fla. 34997

Stuart, Fla. 34997

Zip

Country

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4. FEI Number

650706396

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert E. Cowin

Street Address (P.O. Box Number is Not Acceptable)

6460 Mariner Sands Drive

City Stuart

FL

Zip Code
34997

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME President - Robert E. Cowin
STREET ADDRESS 6460 Mariner Sands Dr.
CITY-ST-ZIP Stuart, Fla. 34997

TITLE NAME Robert B. Cook Robert B. Cook
STREET ADDRESS 11911 US Hwy #1-Su. 205
CITY-ST-ZIP North Palm Beach, Fl. 33408

TITLE NAME Terry M. Keathley
STREET ADDRESS ~~Terry M. Keathley~~ P.O. Box 87
CITY-ST-ZIP ~~Placida, Fl. 33946-0087~~

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/13/02-561-287-5602

CR2E083B (12/01)