2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600000739

1. Entity Name

JUPITER GREENWICH, LLC

SIGNATURE: 1



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90011 039 ****50.00

e of Business	Mailing Address							
SANDS DRIVE 97	6460 MARINER SANDS DRIVE STUART FL 34997 3. Mailing Address Suite, Apt. #, etc.							
ace of Business								
#, etc.					☐ CHECK HERE IF MAKING CHANGES			
	City & State			4. FEI Number 65-0706396 Applied For Not Applied be				
Country	. Zip	Countr	у	5. Certifica	ate of Status Desired		\$5.00 Add	ditional
6. Name and Address of Current	Pegistered Agent			7. Name a	nd Address of New I	Registered	<u>'</u>	
			Name .	•		_		
COWIN, ROBERT E 6460 MARINER SANDS DRIVE STILLART EL 34097			Street Address	s (P.O. Box Num	P.O. Box Number is Not Acceptable)			
STUART FE 04001							1	
							-	
named entity submits this statement for ons of registered agent.	the purpose of changing its	registered	office or regist	ered agent, or I	ooth, in the State of FI	orida. I am	familiar with,	and accept
	and the second s	Decision of			•	DATE		
Signature, typed or printed fiame or registered agent a	1			<u>.</u>	1	DATE		
	Make Check Payable	e to Flor	ida Departm					
MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES)	
P COMIN DODECT C	☐ Delete	TITLE					☐ Change	Addition
•			ADDRESS					
STUART FL 33497								
MODM								
MGRM	☐ Delete	TITLE					☐ Change	Addition
KEATHLEY, TERRY M	☐ Delete	TITLE NAME					☐ Change	☐ Addition
KEATHLEY, TERRY M PO BOX 87	☐ Delete	name Street	ADDRESS		-		☐ Change	Addition
KEATHLEY, TERRY M PO BOX 87 PLACIDA FL 33946-0087		NAME	~		-			-
KEATHLEY, TERRY M PO BOX 87 PLACIDA FL 33946-0087 MEM	☐ Delete	NAME STREET CITY-S TITLE	~ -		_		☐ Change	Addition Addition
KEATHLEY, TERRY M PO BOX 87 PLACIDA FL 33946-0087 MEM COOK, ROBERT B		NAME STREET CITY-S TITLE NAME	T-ZIP		-			-
KEATHLEY, TERRY M PO BOX 87 PLACIDA FL 33946-0087 MEM COOK, ROBERT B 11911 US HWY 1, SUITE 205		NAME STREET CITY-S TITLE NAME STREET	T-ZIP ADDRESS		-			-
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	Country 6. Name and Address of Current IIIN, ROBERT E MARINER SANDS DRIVE RT FL 34997 Inamed entity submits this statement for one of registered agent. MANAGING MEMBEI P COWIN, ROBERT E 6460 MARINER SANDS DRIVE	Acc of Business 3. Mailing Address 4, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent IN, ROBERT E MARINER SANDS DRIVE RT FL 34997 Mamed entity submits this statement for the purpose of changing its sins of registered agent. In a common statement for the purpose of changing its sins of registered agent and title if applicable. [NOTE FILE NO Make Check Payable Due MANAGING MEMBERS / MANAGERS P	Acc of Business 3. Mailing Address 4, etc. Suite, Apt. #, etc. City & State Country Zip Countr 6. Name and Address of Current Registered Agent IN, ROBERT E MARINER SANDS DRIVE RT FL 34997 Mariner Sands Drive RT FL 34997 Make Check Payable to Flor Due By May MANAGING MEMBERS/MANAGERS 10. P COWIN, ROBERT E 6460 MARINER SANDS DRIVE STREET SUITE, Apt. #, etc. City & State Countr City & State Countr City & State Countr Countr Agent Countr Check Payable to Flor Due By May MANAGING MEMBERS/MANAGERS 10. TITLE NAME STREET STREET	Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent Name N, ROBERT E MARINER SANDS DRIVE RT FL 34997 City Ci	A. FEI Num Country Country Zip Country 5. Certificate Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box Num City Ci	Acc of Business 3. Mailing Address 4. FEI Number 65-070639 Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable Total Address of Place of Florida Department of State of Florida Department of State MANAGING MEMBERS / MANAGERS P COWIN, ROBERT E MANAGING MEMBERS / MANAGERS 10. ADDITIONS P COWIN, ROBERT E MANAGING MEMBERS / MANAGERS 10. ADDITIONS P COWIN, ROBERT E NAME STREET ADDRESS ADDITIONS P COWIN, ROBERT E 6460 MARINER SANDS DRIVE STREET ADDRESS	ace of Business 3. Mailing Address 4. FEI Number 65-0706396 Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Tamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am ans of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES P COWIN, ROBERT E MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES P COWIN, ROBERT E G460 MARINER SANDS DRIVE STREET ADDRESS ADDITIONS/CHANGES STREET ADDRESS	ace of Business 3. Mailing Address , etc. Suite, Apt. #, etc. City & State Country Zip Country 5. Certificate of Status Desired Fee Require 6. Name and Address of Current Registered Agent Name Name MARINER SANDS DRIVE RT FL 34997 City FL Zip Cod Titte (NOTE: Registered Agent signature required when reinstating) P COWIN, ROBERT E MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change Change