

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90192 007 ****50.00

DOCUMENT # L99000003274

1. Entity Name

840 JUPITER PARK LLC



Principal Place of Business

**8895 N. MILITARY TRAIL, STE. E-201
PALM BEACH GARDENS FL 33410**

Mailing Address

**8895 N. MILITARY TRAIL, STE. E-201
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

**600 Sandtree Drive .
Suite, Apt. #, etc.
#109**

3. Mailing Address

**600 Sandtree Drive
Suite, Apt. #, etc.
#109**

City & State

Palm Beach Gardens, Florida

City & State

Palm Beach Gardens, Florida

Zip
33403

Country
USA

Zip
33403

Country
USA

4. FEI Number

65-1029873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDONALD, DONNA
C/O CAPITAL REALTY ADVISORS, INC.
8895 N. MILITARY TRAIL, STE. E-201
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name
Donna McDonald
Street Address (P.O. Box Number is Not Acceptable)
c/o Capital Realty Advisors, Inc.
600 Sandtree Drive, Suite 109
City
Palm Beach Gardens FL Zip Code
33403

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donna McDonald

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PANDE, LAWRENCE A JR.
8895 N. MILITARY TRAIL, STE. E-201
PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Lawrence A. Pande

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/18/04