

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000244

DOCUMENT # M02000001403

1. Entity Name

GABLES JUPITER LLC**FILED****03 MAY -2 PM 6:03****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2859 PACES FERRY ROAD
SUITE 1450
ATLANTA GA 30339**

Mailing Address

**2859 PACES FERRY ROAD
SUITE 1450
ATLANTA GA 30339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRYANT, BRADLEY D
6551 PARK OF COMMERCE BLVD.
SUITE 100
BOCA RATON FL 33487**

Name

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

777 Yamato Road**Suite 510**

City

Boca Raton**FL**

Zip Code

33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GABLES REALTY LIMITED PARTNERSHIP
2859 PACES FERRY ROAD, STE 1450
ATLANTA GA 30339** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900017896109
05/02/03--01055--004 **\$0.00** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
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)(l), 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 REQUIRED** Tencil

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

4/24/03

Date

770-436-4600

Daytime Phone #

CR2E083 (10/02)