

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90100 049 \*\*\*\*\*50.00

**DOCUMENT # M02000001625**

1. Entity Name

CSI AT JUPITER, LLC



Principal Place of Business

200 WESTGATE DR., STE. B  
HWY. 211 W  
PINEHURST NC 28370

Mailing Address

P.O. BOX 36  
PINEHURST NC 28370

~0014001

2. Principal Place of Business

106 Ritz-Carlton  
Suite, Apt. #, etc. Club Dr.

3. Mailing Address

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Jupiter, FL

City & State

Zip

33411

Country

Zip

Country

4. FEI Number 42-1534996

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

COSTELLO, DAN  
8350 58TH AVE.  
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name Dan Costello  
Street Address (P.O. Box Number is Not Acceptable)  
106 Ritz-Carlton Club Dr.  
City Jupiter FL Zip Code 33411

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 Dan Costello 1-14-03  
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

TITLE MGR  
NAME CADDIE SERVICES, INC.  
STREET ADDRESS P.O. BOX 36  
CITY-ST-ZIP PINEHURST NC 28370 ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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:

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

Date

Daytime Phone #

Michael A. Granuzzo 1-14-03 10-255-0220  
CEO OF MANAGING MEMBER

CR2E083 (10/02)