

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90230 050 ****50.00

DOCUMENT # M02000001787

1. Entity Name
ALCAT JUPITER, LLC



Principal Place of Business
**C/O HENRI J. DESPLAINES
11780 US HWY #1, STE 204
NORTH PALM BEACH, FL 33408**

Mailing Address
**C/O HENRI J. DESPLAINES
11780 US HWY #1, STE 204
NORTH PALM BEACH, FL 33408**



2. Principal Place of Business
655 North AlA

3. Mailing Address
655 North AlA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162006 Chg-LLC CR2E083 (11/05)

City & State

Jupiter, FL

City & State

Jupiter, FL

4. FEI Number

82-0553767

Applied For

Not Applicable

Zip

33477

Country

US

Zip

33477

Country

US

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

**DESPLAINES, HENRI J
J.J. TAYLOR COMPANIES, INC.
11780 US HWY #1, STE 204, GOLDEN BEAR PLZ
NORTH PALM BEACH, FL 33408**

Name

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

City

Jupiter,

FL

Zip Code
33477

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

**Filing Fee is \$50.00.
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TAYLOR, JOHN J III
11780 US HWY #1, SUITE 204
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**655 North AlA
Jupiter, FL 33477** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DESPLAINES, HENRI J
11780 US HWY #1, STE 204
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**655 North AlA
Jupiter, FL 33477** ☒ 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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/21/06

Date

561-354-2900

Daytime Phone #