


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90087 021 \*\*\*\*50.00

|                                      |  |   |
|--------------------------------------|--|---|
| <b>DOCUMENT # M02000001787</b>       |  |  |
| 1. Entity Name<br>ALCAT JUPITER, LLC |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>635 NORTH A1A</b><br>JUPITER, FL 33477 | Mailing Address<br><b>635 NORTH A1A</b><br>JUPITER, FL 33477 |
|--|--|

**20002656**

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>655 NORTH A1A</b> | 3. Mailing Address<br><b>655 NORTH A1A</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                        |

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br><b>JUPITER FL</b> | City & State<br><b>JUPITER FL</b> |
| Zip<br><b>33477</b>               | Country<br><b>USA</b>             |



01102007 Chg-LLC CR2E083 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>82-0553767</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>DESPLAINES, HENRI J</b><br><b>635 NORTH A1A</b><br><b>JUPITER, FL 33477</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|---|--|


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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

|   |  |
|---|--|
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TAYLOR, JOHN J III<br>655 NORTH A1A<br>JUPITER, FL 33477 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DESPLAINES, HENRI J<br>655 NORTH A1A<br>JUPITER, FL 33477 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | Date: <b>1/11/07</b> | Daytime Phone #: <b>561-354-2900</b> |
|--|----------------------|--------------------------------------|