2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003005

1. Entity Name
MORRIS JUPITER ASSOCIATES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 18 PM 4:00

Principal Place of Business	Mailing Address
350 VETERANS BLVD RUTHERFORD, NJ 07070	350 VETERANS BLVD RUTHERFORD, NJ 07070

DO NOT WRITE IN THIS SPACE

01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1351804
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

400049101684
03/24/05--01049--011 **100.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MORRIS, JOSEPH D
STREET ADDRESS	350 VETERANS BLVD
CITY-ST-ZIP	RUTHERFORD, NJ 07070
TITLE	MGR
NAME	MORRIS, ROBERT
STREET ADDRESS	350 VETERANS BLVD
CITY-ST-ZIP	RUTHERFORD, NJ 07070
TITLE	MGR
NAME	DOYLE, MICHAEL C
STREET ADDRESS	STE 1410, NEMOURS BLDG, 1007 ORANGE ST
CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ STEVEN B. RICHTER, CPA DIRECTOR OF ACCOUNTING 1/13/05 201.804.8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #