2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

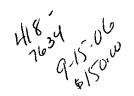
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DOCUMENT # M04000003005

MORRIS JUPITER ASSOCIATES, LLC

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 OCT 27 PM 4: 18



Principal Place of Business

350 VETERANS BLVD RUTHERFORD, NJ 07070 Mailing Address

350 VETERANS BLVD RUTHERFORD, NJ 07070



01052005 No 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

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The above named entity submits this statement for the purpose of characteristics of registered agent.	anging its registered office or registered agent, or b	both, in the State of Florida.	I am familiar with, and accept
SIGNATURE Signature, broad or printed name of registered agent and title if applicable	(NOTE: Renistered Agent signature required when reinstating)		DATE

Filing Fee is \$50.00 Due by May 1, 2005

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	
STRĒET ADDRESS	
CITY-ST-ZIP	
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NAME	REINSTATEMENT 2006
STREET ADDRESS	ILLINGIAIEMENI 2006 >
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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. OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

201-804 \$70

Date