2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

418
7634
9-15-06
$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 27 PM 4:18

DOCUMENT # M04000003005

1. Entity Name
MORRIS JUPITER ASSOCIATES, LLC

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

01052005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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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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

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	**REINSTATEMENT** 2006
CITY-ST-ZIP	

400081527824
11/08/06--01027--018 **100.00

400081527824
11/08/06--01027--018 **50.00

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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: _____ 9/26/06 201-804-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #