## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 21, 2005 08:00 AM Secretary of State **DOCUMENT # P96000101653** 1. Entity Name JUPITER BEACH DEVELOPMENT CO., INC. Principal Place of Business Mailing Address C/O THE OLD MOUNTAIN COMPANY, INC C/O THE OLD MOUNTAIN COMPANY, INC. 225 WEST WACKER, SUITE 1500 225 WEST WACKER, SUITE 1500 CHICAGO, IL 60606 CHICAGO, IL 60606 学生 教育工作 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2299224 Not Applicable There was a series of the series \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S PINE ISLAND RD IN THIS SPACE PLANTATION, FL 33324 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) 9. Election Campaign Financing **\$5.00** May Be U00000321949 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/21/05-80099-009 150.00 OFFICERS AND DIRECTORS 10. TITLE FIELD, MARSHALL V NAME 225 W WACKER DR, SUITE 1500 STREET ADDRESS CITY-ST-ZIP CHICAGO, IL TITLE NAME PIROVANO, JÕHN A 551 FIFTH AVE, SUITE 1916 STREET ADDRESS CITY-ST-ZIP NEW YORK, NŶ NAME SVEC, CHRISTINE 225 WEST WACKER DRIVE, SUITE 1500 STREET ADDRESS DO NOT WRITE City-ST-ZIP CHICAGO, IL 60606 TITLE IN THIS SPACE SPIOTTA, RONALD J. NAME STREET ADDRESS 225 WEST WACKER DRIVE, SUITE 1500 CITY-ST-ZIP CHICAGO, IL 60606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachinest with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Pirovano, President 4/13/05 312-917-1813 Daytime Phone #