

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A03000000455</b>                |  |
| 1. Entity Name<br>NORTH DADE REAL ESTATE LLLP |                                                                                   |

|                                                                            |                                                              |
|----------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>302 BALBOA STREET<br>HOLLYWOOD, FL 33019 US | Mailing Address<br>P.O. BOX 1805<br>DANIA BEACH, FL 33004 US |
|----------------------------------------------------------------------------|--------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State                                          | City & State                              |
| Zip                                                   | Country                                   |



02062004 Chg-LP CR2E003 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>14-1882107 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>ANGELLA, GINO F<br>302 BALBOA STREET<br>HOLLYWOOD, FL 33019 |  |
|--------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|                                                         |                                                         |
|---------------------------------------------------------|---------------------------------------------------------|
| 9. Capital Contributions as Shown on record. \$1,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
|---------------------------------------------------------|---------------------------------------------------------|

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                      | 13. ADDRESS CHANGES ONLY |                           |
|---------------------------------|----------------------|--------------------------|---------------------------|
| DOCUMENT #                      | P96000104133         | STREET ADDRESS           |                           |
| NAME                            | JUPITER GLOBAL INC ✓ | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  | 302 BALBOA STREET    |                          |                           |
| CITY-ST-ZIP                     | HOLLYWOOD, FL 33019  |                          |                           |
| DOCUMENT #                      |                      | STREET ADDRESS           | U000000069375             |
| NAME                            |                      | CITY-ST-ZIP              | 02/28/04-80006-007 141.25 |
| STREET ADDRESS                  |                      |                          |                           |
| CITY-ST-ZIP                     |                      |                          |                           |
| DOCUMENT #                      |                      | STREET ADDRESS           |                           |
| NAME                            |                      | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  |                      |                          |                           |
| CITY-ST-ZIP                     |                      |                          |                           |
| DOCUMENT #                      |                      | STREET ADDRESS           |                           |
| NAME                            |                      | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  |                      |                          |                           |
| CITY-ST-ZIP                     |                      |                          |                           |
| DOCUMENT #                      |                      | STREET ADDRESS           |                           |
| NAME                            |                      | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  |                      |                          |                           |
| CITY-ST-ZIP                     |                      |                          |                           |

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:** *Angella Pres Jupiter Global Inc. 2/10/04 954-921-6094*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE