

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000792	
1. Entity Name JUPITER PARTNERS LLLP	

Principal Place of Business 1920 E HALLANDALE BEACH BOULEVARD SUITE 906 HALLANDALE, FL 33009 US	Mailing Address 1920 E HALLANDALE BEACH BOULEVARD SUITE 906 HALLANDALE, FL 33009 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02252005 Chg-LP CR2E003 (10/03)

4. FEI Number 74-3092487	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EDELMAN, KENNETH 2600 GLADES CIRCLE SUITE 100 WESTON, FL 33327
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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. \$1,425,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	G03143900119	STREET ADDRESS	1100000273843
NAME	JUPITER EDELMAN PARTNERS	CITY-ST-ZIP	11/23/05 80045 000 526.25
STREET ADDRESS	2600 GLADES CIRCLE, SUITE 100		
CITY-ST-ZIP	WESTON, FL 33327		
DOCUMENT #	G03143900120	STREET ADDRESS	
NAME	A&J JUPITER GP PARTNERS	CITY-ST-ZIP	
STREET ADDRESS	1920 E. HALLANDALE BEACH BLVD, SUITE 906		
CITY-ST-ZIP	HALLANDALE, FL 33009		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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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)(c), 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: _____

A&J JUPITER GP PARTNERS
BY: ARTHUR E. LIPSON 3/18/05 (954) 454-1114