2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A0500001006 1. Entity Name JUPITER 20, LLLP 06 APR 24 AM 10: 18 Mailing Address Principal Place of Business 75 N.E. 6TH AVENUE, STE. 103 75 N.E. 6TH AVENUE, STE. 103 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 Chg-LP CR2E003 (11/05) City & State City & State 4. FÉI Number Applied For 20-2889940 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINSTEIN, NORMAN S Street Address (P.O. Box Number is Not Acceptable) 75 N.E. 6TH AVENUE, STE. 103 DELRAY BEACH, FL 33483 City Zip Çode FL 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, typero or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L02000028120 DOCUMENT # STREET ADDRESS STATESIDE CAPITAL, LLC NAME STREET ADDRESS 75 N.E. 6TH AVENUE, STE. 103 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33483 400074177814 DOCUMENT # 05/08/06--01011--008 **500.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

FILED

Norman S.Weinstein, Parter 4/13/06 561-278-9292