


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 491399**  
 1. Entity Name  
**JP REALTY PARTNERS, INC.**



Principal Place of Business      Mailing Address  
 5533 WINDRIFT LANE                      12203 STRICKLAND RD  
 BOCA RATON, FL 33433 US              RALEIGH, NC 27613

**DO NOT WRITE IN THIS SPACE**



01132004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2419441              Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 POLITIS, JOHN  
 5533 WINDRIFT LANE  
 BOCA RATON, FL 33433

**DO NOT WRITE IN THIS SPACE**

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]*      DATE: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000115559  
 04/16/04-80029-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	POLITIS, JOHN
STREET ADDRESS	5533 WINDRIFT LANE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	VPDS
NAME	POLITIS, JO
STREET ADDRESS	5533 WINDRIFT LANE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	VPD
NAME	POLITIS, AMANDA
STREET ADDRESS	5533 WINDRIFT LANE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	VPD
NAME	POLITIS, JAMES
STREET ADDRESS	5533 WINDRIFT LANE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attachment with an address, with all other like empowered.

SIGNATURE: *John Politis, PRESIDENT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04    76-3944283  
Date      Daytime Phone #