


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR -6 AM 10:44

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



01222004 Chg-LP CR2E003 (10/03)

4. FEI Number 14-3092487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EDELMAN, KENNETH 2600 GLADES CIRCLE SUITE 100 WESTON, FL 33327	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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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 #	NAME	STREET ADDRESS	
	EDELMAN, KENNETH	CITY-ST-ZIP	
	2600 GLADES CIRCLE, SUITE 100		
	WESTON, FL 33327		
DOCUMENT #	NAME	STREET ADDRESS	
	LIPSON, ARTHUR E	CITY-ST-ZIP	
	1920 E. HALLANDALE BEACH BLVD, SUITE 906		
	HALLANDALE, FL 33009		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	

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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: 	Date 4/2/04	Daytime Phone # (954) 454-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ARTHUR E. LIPSON, GEN PTR		