

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**RECEIVED**  
**06 MAY 11 PM 2006**  
**SECRETARY OF STATE**  
**TALLAHASSEE-FLORIDA**

**DOCUMENT # A05000000923**

1. Entity Name  
**STATESIDE JUPITER, LLLP**



Principal Place of Business  
**75 N.E. 6TH AVENUE, SUITE 103**  
**DELRAY BEACH, FL 33483**

Mailing Address  
**75 N.E. 6TH AVENUE, SUITE 103**  
**DELRAY BEACH, FL 33483**

2. Principal Place of Business  
**Stateside Jupiter, LLLP**  
**3300 PGA Blvd, Ste 330**  
**Palm Beach Gardens, FL**  
**33410 USA**

3. Mailing Address  
**Stateside Jupiter, LLLP**  
**3300 PGA Blvd, Ste 330**  
**Palm Beach Gardens, FL**  
**33410 USA**



04122006 Chg-LP CR2E003 (11/05)

4. FEI Number ☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**WEINSTEIN, NORMAN S**  
**75 N.E. 6TH AVENUE, SUITE 103**  
**DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent  
**Nicholas A. Manfrotanni II**  
**3300 PGA Blvd, Ste 330**  
**Palm Beach Gardens FL 33410**

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 **4/27/06**

**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>L02000028120</b>	STREET ADDRESS	<b>3300 PGA Blvd, Ste 330</b>
NAME	<b>STATESIDE CAPITAL, LLC</b>	CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
STREET ADDRESS	<b>75 N.E. 6TH AVENUE, SUITE 103</b>		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>100075026191</b>
NAME		CITY-ST-ZIP	<b>05/22/06--01040--008 ***500.00</b>
STREET ADDRESS			
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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 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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE