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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS **DOCUMENT # A05000001580** 1. Entity Name 06 MAR 27 AM II: 15 MARY JANE LAKE LTD Principal Place of Business Mailing Address 545-7 DELANEY AVENUE 545-7 DELANEY AVENUE ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-LP CR2E003 (11/05) City & State City & State Applied For 4. FEI Number 20-3237721 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Urban & Thier, P.A THIER, CARL C 545-7 DELANEY AVENUE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 545 Delaney Avenue, Bldg. 7 City Zip Code Orlando 32801 8. The above named entity submits this entire hent 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 Carl-Christian Thier SIGNATURE Signature, typed or printed name of registered agent and title if applicab 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 12. ADDRESS CHANGES ONLY P03000107619 DOCUMENT # STREET ADDRESS JUPITER USA, INC. NAME STREET ADDRESS 545-7 DELANEY AVENUE CITY-ST-ZIP CITY - ST- ZIP ORLANDO, FL 32801 600069939626 04/10/06--01044--002 \*\*500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 14. I hereby certify that the information supplied with this filling 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 <u>Cail-Christian (hier</u> SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER