


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000001580 1. Entity Name MARY JANE LAKE LTD	
---	---

Principal Place of Business 200 S. ORANGE AVE., SUITE 2025 ORLANDO, FL 32801 US	Mailing Address 200 S. ORANGE AVE., SUITE 2025 ORLANDO, FL 32801 US
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

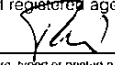
Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

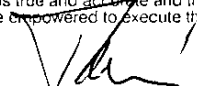
URBAN & THIER, PA 545 DELANEY AVENUE BLDG 7 ORLANDO, FL 32801	Name Urban & Thier, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Avenue, Suite 2025 City Orlando FL 32801
--	--

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 05/01/07

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	P03000107619	STREET ADDRESS	200 S. Orange Avenue, Suite 2025
NAME	JUPITER USA, INC.	CITY-ST-ZIP	Orlando, FL 32801
STREET ADDRESS	545-7 DELANEY AVENUE		
CITY-ST-ZIP	ORLANDO, FL 32801		
DOCUMENT #		STREET ADDRESS	600103607116
NAME		CITY-ST-ZIP	05/31/07--01025--019 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: 	DATE 05/01/07 407-245-8360

FILED
 07 MAY 18 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02022007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3237721	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

STAPLE CHECK HERE