

2002 UNIFORM BUSINESS REPORT (UBR)

0016871 AT

4/15/02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 22 PM 2:26



DOCUMENT # **A07754**

1. Entity Name
THE JUPITER INN COMPANY, LTD.

Principal Place of Business 5 NORTH A1A JUPITER FL 33477	Mailing Address 225 WEST WACKER DRIVE, SUITE 1500 CHICAGO IL 60606
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address 1001 NUS ONE 205 Jupiter, FL 33477 USA
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DUE BY MAY 1, 2002	
4. FEI Number 59-1930347	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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$28,231,569.78	10. Amount of Capital Contributions in FLORIDA to date. \$28,231,569.78	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F96000005788 JUPITER INTERVAL CO., INC. 551 FIFTH AVE., SUITE 1916 NEW YORK NY 10176
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* **SIGNATURE REQUIRED**
Jupiter Interval Co
John Pirovano, President 4/15/02
561-7488007

CR2E003 (9/01)