


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -1 AM 9:26

<b>DOCUMENT # A07754</b> 1. Entity Name <b>THE JUPITER INN COMPANY, LTD.</b>	
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Principal Place of Business <b>5 NORTH A1A</b> <b>JUPITER, FL 33477</b>	Mailing Address <b>1001 N. US ONE #205</b> <b>JUPITER, FL 33477</b>
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2. Principal Place of Business <b>225 West Wacker</b> Suite, Apt. #, etc. <b>Suite 1500</b> City & State <b>Chicago, IL</b> Zip <b>60606</b>	3. Mailing Address <b>225 West Wacker</b> Suite, Apt. #, etc. <b>Suite 1500</b> City & State <b>Chicago, IL</b> Zip <b>60606</b>
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02242004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-1930347</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

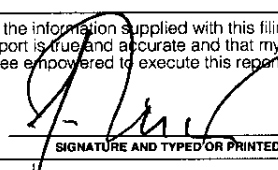
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$28,231,569.78</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**A 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 #	F96000005788	STREET ADDRESS	500030238065
NAME	JUPITER INTERVAL CO., INC.	CITY-ST-ZIP	03/10/04--01054--005 **526.25
STREET ADDRESS	551 FIFTH AVE., SUITE 1916		
CITY-ST-ZIP	NEW YORK, NY 10176		
DOCUMENT #		STREET ADDRESS	<del>03/10/04--01054--005 **526.25</del>
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STREET ADDRESS			
CITY-ST-ZIP			

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:**  **John A. Pirovano Pres Jup Interval 2/25/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE