## 2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

the receiver or trustee empoy

SIGNATURE

## FILED 2005 APR 14 PM 1: 12 DOCUMENT # A15182 1. Entity Name SECRETARY OF STATE MEADOWS OF JUPITER, LIMITED TALLAHASSEE, FLORIDA Principal Place of Business 2247 PALM BEACH LAKES BLVD., SUITE 204 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 3. Mailing Address 631 US HWY ONE 2. Principal Place of Business 631 US HWY ONE Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 CR2E003 (10/03) Chg-LP SUITE 406 SUITE 406 City & State City & State 4. FEI Number Applied For NORTH PALM BEACH FLORIDA NORTH PALM BEACH FLORIDA 59-2354169 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33408 <u>33408</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACKEY, WALTER J. JR. Street Address (P.O. Box Number is Not Acceptable) 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH, FL 33409 SUITE 406 NORTH PALM BEACH 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 Signature, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions in FLORIDA to date. \$2,220,000.00 9. Capital Contributions \$2,220,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY 13. 12. 857747 DOCUMENT # STREET ADDRESS 631 US HWY ONE SUITE 406 RMF PROPERTIES, INC. NAME STREET ADDRESS 2247 PALM BEACH LAKES BLVD., SUITE 204 CITY-ST-ZIP NORTH PALM BEACH FLORIDA 33408 CITY-ST-ZIP WEST PALM BEACH, FL 33409 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 800054020968 CITY-ST-ZIP <del>05/06/05--01089--021--\*\*526.25</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information end 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 exist expert as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied indicated on this report is true and

ED OR PRINTED NAME OF STORING GENERAL PARTNER

WALTER J. MACKEY, JR., PRESIDENT 4/05/05 (561)848-8760