## **2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

## A15810 **DOCUMENT #**

1. Entity Name RMF JUPITER APARTMENTS, LTD.



Principal Place of Business 2247 PALM BEACH LAKES BLVD., SUITE 204 Mailing Address 2247 PALM BEACH LAKES BLVD., SUITE 204

FILED 03 APR 25 PH 4: 40 SECRETARY OF STATE TALLAHASSEE FLORIDA

WEST PALM BEACH FL 33409			WEST PALM BEACH FL 33409						
2. Principal Place of Business			3. Mailing Address			425			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State			City & State			4. FEI Number 31-1082075 Applied For Not Applicable			
Zip Country			Zip	ip Country		5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
MACKEY, WALTER J., JR.					Name				
2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH FL 33409				Street Addre		ess (P.O. Box Number is Not Acceptable)			
WEST PAL	M DEACH	FL 33409							
					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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.									
9. Capital Contributions as Shown on record. \$2,769,500.00 10. Amount of Capital C in FLORIDA to date					outions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	Α (	GENERAL PARTNER T	HAT IS A BUSINESS E	NTITY M	UST BE REGI	STERED AND A	CTIVE WITH THIS O	FFICE.	
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.									
12.	057747	GENERAL PARTNER	RINFORMATION	13.			ADDRESS CHANGI	ES ONLY	
DOCUMENT #	857747	ODEDTICE INC		STRE					1
NAME Street Address		operties, INC. W Beach Lakes Blyd	., SUITE 204						
CITY-ST-ZIP		M BEACH FL 33409			ST-ZIP	500017111965 04/25/0301081002_**526_25			
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NAME				STRE	ET AUURESS				
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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: By

SIAPLE CHECA HEHE

MACKEY, PRES. 561-684-8811 Daytime Phone # Date