


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A17360		
1. Entity Name JUPITER OF THE SOUTH LTD.		

Principal Place of Business ONE E COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308	Mailing Address ONE E COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2005 APR 26 PM 12: 29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**




1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent BECK, PETER 3001 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306				7. Name and Address of New Registered Agent Name Beck Peter Street Address (P.O. Box Number is Not Acceptable) one Commercial Blvd City Lauderdale by the Sea FL Zip Code 33308	
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 _____	
9. Capital Contributions as Shown on record. \$1,500,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.					

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 # NAME STREET ADDRESS CITY-ST-ZIP	G71670 WARM WINDS, INC. ONE E COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308	STREET ADDRESS CITY-ST-ZIP	000054343860 05/12/05--01080--013 **535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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:  **419-05 954-566-2804**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE