## 2006-LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A17360  1. Entity Name  JUPITER OF THE SOUTH LTD.					SECRETARY DIVISION OF CO 06 MAR 10	ED OF STAT PRPORAT	E IONS	
Principal Place	e of Business		···· 10- 4	7				
ONE E COM	MERCIAL BLVD LE BY THE SEA FL 33308	Mailing Address  ONE  COMMERCIAL BLVD  LAUDERDALE BY THE SEA FL 33308						
2. Principal P	lace of Business	3. Mailing Address One Commercial Blud Suite, Apt. #, etc. Launerdale by the Sea		<b>(X</b> )				
Suite, Apt.	#, etc.	Suite, Apt. #, etc. Lauderdale by the Sea		1st MOORE CR2E003 (10/05)				
City & State		City & State			4. FEI Number 59-2506591	•	Applied For Not Applicable	
Zíp	Country	33308	Count	ward	5. Certificate of Status Desired		8.75 Additional ee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New R	egistered Ag	ent	
Name								
BECK, PETER ONE É COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308					ess (P.O. Box Number is Not Acceptable)			
LAUDENDALE BY THE SEA PL 33300				City			Z <sub>ip</sub> Code	
				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								
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.								
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 CHA	NGES ONLY		
DOCUMENT # NAME STREET ADDRESS	G71670 WARM WINDS, INC. DNE E COMMERCIAL BLVD		1	ET ADDRESS				
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308				700068093737 			
DOCUMENT # NAME				ET ADDRESS	<u></u>		-300.00	
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP				
DOCUMENT #			STRE	ET ADDRESS		_		
STREET ADDRESS CITY-ST-ZIP			CITY	- ST- ZIP				
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DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT #.			STRE	ET ADDRESS				
STREET ADDRESS City-St-Zip <sup>8</sup>			CITY	- ST- ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 employered to execute this report as required by Chapter 620, Florida Statutes								