## 2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

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## **FILED** Feb 04, 2008 08:00 All Secretary of State DOCUMENT # A17360 1. Entity Name JUPITER OF THE SOUTH LTD. Princical Place of Business Mailing Address ONE COMMERCIAL BLVD ONE COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308 2. Principal Place of Business - No P.C. Bex # 3. Mading Address Suite, Apt. #, etc. Suite, Apl. #. etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 59-2506591 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECK, PETER Street Address (P.O. Box Number is Not Acceptable) ONE É COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308 City 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 hame of registered agent and the dispolation CATE FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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 ADDRESS CHANGES ONLY 13. DOCUMENT # G71670 STREET ACCRESS NAME WARM WINDS, INC. STREET ADDRESS ONE E COMMERCIAL BLVD CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 \_\_\_\_<del>U00000816330</del> 02/14/08-80073-005 508.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-57-212 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Zi? 14. Thereby 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 path; 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