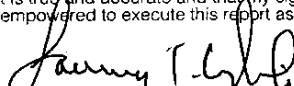


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A26350 1. Entity Name JCU FAMILY LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 FEB -9 AM 11:10	
Principal Place of Business 68 MAMMOTH GROVE RD. LAKE WALES, FL 33898-7330				Mailing Address 68 MAMMOTH GROVE RD. LAKE WALES, FL 33898-7330			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		P.O. BOX 231 Suite, Apt. #, etc.					
City & State		City & State LAKE WALES, FL					
Zip		Country		Zip 33859-0231		Country	
4. FEI Number 59-2886333				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent UPDIKE, LAWRENCE C 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33853				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$990,000.00				10. Amount of Capital Contributions in FLORIDA to date.			
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 # 648899 NAME JUP, INC. STREET ADDRESS 68 MAMMOTH GROVE RD. CITY-ST-ZIP LAKE WALES, FL 338987330				STREET ADDRESS _____ CITY-ST-ZIP _____			
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				STREET ADDRESS _____ CITY-ST-ZIP _____			
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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:  LAWRENCE C. UPDIKE, SECRETARY/TREASURER JANUARY 20, 2005 863-696-1487 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>							