

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 12 AM 10:39

DOCUMENT # A26354

1. Entity Name
LJT FAMILY LIMITED PARTNERSHIP



Principal Place of Business

**P.O. BOX 231
LAKE WALES, FL 33853**

Mailing Address

**P.O. BOX 231
LAKE WALES, FL 33853**

2. Principal Place of Business

68 MAMMOTH GROVE ROAD

Suite, Apt. #, etc.

3. Mailing Address

68 MAMMOTH GROVE ROAD

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

City & State

LAKE WALES, FL

Zip

33898-7330

Country

Zip

33898-7330

Country

03252004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-2886330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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
33898-7330

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.

DATE

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

DOCUMENT # **648899**
NAME **JUP, INC.**
STREET ADDRESS **POST OFFICE BOX 231**
CITY-ST-ZIP **LAKE WALES, FL 338590231**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **68 MAMMOTH GROVE ROAD**
CITY-ST-ZIP **LAKE WALES, FL 33898-7330**

DOCUMENT #
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LAWRENCE C. UPDIKE, SECRETARY/TREASURER

3/26/04

Date

863-696-1487

Daytime Phone #

STAPLE CHECK HERE