## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

SECRETARY OF STATE

1998 🤻	DIVISION OF	CORPORATIO	ONS	OTTISION OF		- , . <del>.</del>	
1. Name of Limited Partnership	1a. DOCUMENT # A9500000734			98 MAR TO AM 10: 06			
JUPITER FESTIVAL, LTD.				]			
Malling Address	Principal Office Address			3. Date Formed or Registered	5a. Carrital C	ontributors as -10.	
7443 LEE DAVIS ROAD. #300 MECHANICSVILLE VA 23111	7443 LEE DAVIS ROAD. #300 MECHANICSVILLE VA 23111					ontribugues as 10.3 Trecord.	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.			6, FEI Number 65-0589275	Applied For Not Applicable		
Zip Country	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
				8. Make check payable to: Dept. of	State (See reverse	e alde for fee Information	
9. Name and Address of Current Registered Agent  PETER S. HOLTON, ESQ.  505 S. FLAGLER DRIVE, SUITE 1100  WEST PALM BEACH FL 33401		Name Name Street Address (P.O. Box Number is Not Acceptable) Suita, Apt. #, etc.  City  Lip Code					
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA MU	or registered agent, or both, In the State of fi tions of section 620.192, Florida Statutes.	Florida. Such ch	ange was au	thorized by its general partner(s). I her	eby accept the ap	pointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Gen (Do NOT Use Post Office	10	11b.	City, State & Zip Code	44.	Registration/ Document Number	
JUPITER LAND DEVELOPMENT CO.		7443 LEE DAVIS ROAD,		MECHANICSVILLE VA 231		P95000031473	
					<b>/98~-</b> 010	825 85002 ***541.25	
Note: General partners MAY NO	OT be changed on this for	m; an am	nendme	nt must be filed to cha	ange a gen	eral partner.	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance this annual report is true and accurate and that my empowered to execute this report as required by SIGNATURE	with Section 119.07(3)(k) in the event that the signature shall have the same legal effects changer 620, Florida Statutes.	a information sup as if made unde	plied is deer	med exempt from public access. I furth	er certify that the lift the limited partne	nformation indicated on rship, receiver or trustee	
Typed or Printed Name of General Partner Signing Form	Thomas OSIA 3 19	1 July	A COM	Daytime Telephone Number	<del>M) 746-</del>	4300	