


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:01

DOCUMENT # A96000001137					
1. Entity Name JUPITER STADIUM, LTD.					
Principal Place of Business P.O. BOX 8978 JUPITER, FL 33468-8978			Mailing Address P.O. BOX 8978 JUPITER, FL 33468-8978		
2. Principal Place of Business <i>47N1 MAIN ST</i>		3. Mailing Address <i>47N1 MAIN ST</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>JUPITER FL</i>		City & State <i>JUPITER FL</i>		03222005 Chg-LP CR2E003 (10/03)	
4. FEI Number <i>65-0737707</i>		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			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. \$40,000.00			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 #	P96000051320		STREET ADDRESS		
NAME	JS STADIUM, INC.		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 8929				
CITY-ST-ZIP	JUPITER, FL 33468				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	000050044940	
NAME			CITY-ST-ZIP	04/06/05--01069--010 **368.75	
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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: <i>[Signature]</i>			Date: <i>3/25/05</i>		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE