

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A97000001216**

1. Entity Name  
**JUPITER LANES LIMITED**



Principal Place of Business  
**PO BOX 24903**  
**FT. LAUDERDALE, FL 33007**

Mailing Address  
**2010 NE 7TH AVE**  
**STE 2**  
**DANIA, FL 33004**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 24903**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Ft. Lauderdale, FL**

Zip

Country

Zip

Country

**33307**

**USA**

03012006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**65-0756373**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VITOLO, CHRISTINE**  
**1239 N.E. 8TH AVENUE**  
**FT LAUDERDALE, FL 33304**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1210 N.E. 8th Avenue**

City **Fort Lauderdale**

**FL**

Zip Code  
**33304**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 # **P97000043353**  
 NAME **JUPITER LANES, INC.**  
 STREET ADDRESS **1239 N.E. 8TH AVE**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

DOCUMENT #  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**1210 N.E. 8th Avenue**

CITY-ST-ZIP

**Fort Lauderdale, FL 33304**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4-19-06**

**954-763 5488**

STAPLE CHECK HERE

20 MAY -1 AM 9:46

STATE OF FLORIDA  
 TALLAHASSEE FLORIDA

