200 IMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A97000001216

1. Entity Name
JUPITER LANES LIMITED



FILED Apr 11, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

PO BOX 24903.j.

PO BOX 24903

FT. LAUDERDALE, FL 33007

FT. LAUDERDALE, FL 33307



03262008 No Chg-LP

CR2E003 (12/06)

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

VITOLO, CHRISTINE 1210 N.E. 8TH AVENUE FT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

| | The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent. | in the State of Florida. I am familiar with, and accept |
|-----|--|---|
| SIG | SNATURE Signature, typed or printed name of registered agent and little (I applicable | DATE |
| | | T |

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

| l | _12, | GENERAL PARTNER INFORMATION | |
|---|---|--|--|
| | DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP | P9700043353 JUPITER LANES, INC. 1210 N.E. 8TH AVE FT. LAUDERDALE, FL 33304 | |
| | DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | |
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| | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | · | |

DO NOT WRITE

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:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

4-8.08

954-763-5488

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