

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVAL
AND
FILED

04 MAY -4 PM 5:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A97000002210 1. Entity Name JUPITER PALMS ASSOCIATES, LTD.					
Principal Place of Business C/O KONOVER & ASSOCIATES SOUTH LLC 7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON, FL 33433			Mailing Address C/O KONOVER & ASSOCIATES SOUTH LLC 7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON, FL 33433		
2. Principal Place of Business 7000 West Palmetto Park Road		3. Mailing Address 7000 West Palmetto Park Road			
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 34433		Country		4. FEI Number 65-0800038	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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. \$2,152,000.00			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 # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
P95000085418 K. SOUTH, INC. 7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON, FL 33433			7000 West Palmetto Park Road, Suite 203 Boca Raton, FL 33433		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
			600036546586 05/18/04--01035--022 **526.25		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME 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 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:			K. South, Inc., Its General Partner, by: Gregory V. Combs, its Executive VP, COO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date _____ Daytime Phone # _____		

STAPLE CHECK HERE