

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) ✓
DUE BY MAY 1, 2007**

**FILED
Apr 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # A98000000400 1. Entity Name JUPITER PARK SELF-STORAGE LTD.	
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Principal Place of Business 9000 BURMA RD., STE. 102 PALM BEACH GARDENS FL 33403	Mailing Address 9000 BURMA RD., STE. 102 PALM BEACH GARDENS FL 33403
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number 65-0867172	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MINKER, JULES S 9000 BURMA RD., STE. 102 PALM BEACH GARDENS FL 33403	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	P98000008887 JUPITER PARK SELF-STORAGE, INC. 1475 CYPRESS CREEK RD. WEST, STE. 202 FT LAUDERDALE FL 33309	STREET ADDRESS CITY - ST - ZIP	U00000735344 05/10/07-80030-019 500.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000104415 SELF-STORAGE OF JUPITER, INC. 9000 BURMA RD., STE. 102 PALM BEACH GARDENS FL 33403	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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 #