

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013409 AF

**DOCUMENT # A98000002331**

1. Entity Name  
**MILLENNIUM JUPITER LIMITED PARTNERSHIP**

Principal Place of Business  
**433 SOUTH MAIN STREET, SUITE 300  
WEST HARTFORD CT 06110**

Mailing Address  
**1595 SE PORT ST LUCIE BOULEVARD  
PORT ST LUCIE FL 34952**

**FILED**  
**01 MAR 12 AM 11:23**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **06-1524444** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**FARRELL, RICKEY L ESQ  
1595 SE PORT ST LUCIE BOULEVARD  
PORT ST LUCIE FL 34952**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	<b>P98000083814</b>
NAME	<b>MILLENNIUM CENTER DEVELOPMENT CORPORATION</b>
STREET ADDRESS	<b>433 SOUTH MAIN STREET, SUITE 300</b>
CITY-ST-ZIP	<b>WEST HARTFORD CT 06110</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900003854729--6</b>
CITY-ST-ZIP	<b>-03/15/01-01095-026</b> <b>****141.25 ****141.25</b>
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 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:** SCANNED & RECORDED **3/6/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)