

2002 UNIFORM BUSINESS REPORT (UBR)

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

2002 MAR -5 AM 10:47

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



DUE BY MAY 1, 2002

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/28/02

CR2E003 (9/01)

0016413 AT