


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

Final Return

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002331 1. Entity Name MILLENNIUM JUPITER LIMITED PARTNERSHIP	
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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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01262004 Chg-LP CR2E003 (10/03)

4. FEI Number 06-1524444	Applied For <input type="checkbox"/> Not Applicable
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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	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 2/18/04
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.
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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 #	P98000083814	STREET ADDRESS	
NAME	MILLENNIUM CENTER DEVELOPMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	433 SOUTH MAIN STREET, SUITE 300		
CITY-ST-ZIP	WEST HARTFORD, CT 06110		
DOCUMENT #		STREET ADDRESS	1000000087548
NAME		CITY-ST-ZIP	03/15/04-80014-014 141.25
STREET ADDRESS			
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NAME		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)(l), 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]* DATE 2/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE