

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A98000002331**

1. Entity Name
MILLENNIUM JUPITER LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -8 PM 2:43

6/96/00
AT

116/6

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **06-1524444**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARRELL, RICKEY L ESQ
1595 SE PORT ST LUCIE BOULEVARD
PORT ST LUCIE FL 34952**

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

3/3/03

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 FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

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4000015474844
01/06/03-01067-015-**141.25

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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:

SCOTT A. LaBonte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

05/05/03

(860) 521-6995

Date

Daytime Phone #

CR2E003 (10/02)