

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000896**

1. Entity Name  
**GUARDIAN-JUPITER PARTNERS, LTD.**



**FILED**

03 MAR 10 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business  
**1551 SANDSPUR ROAD, 23RD FLOOR  
MAITLAND FL 32751**

Mailing Address  
**1775 BROADWAY  
NEW YORK NY 32811**

2. Principal Place of Business

3. Mailing Address  
**3100 Monticello Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Dallas, TX**

Zip

Country

Zip  
**75205**

Country  
**USA**

**DUE BY MAY 1, 2003**

4. FEI Number **59-3627434**

Applied For  
Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

DATE

9. Capital Contributions  
as Shown on record. **\$100.00**

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 # **F97000000250**  
NAME **MOUNTAIN VIEW NATIONAL, INC.**  
STREET ADDRESS **1775 BROADWAY**  
CITY-ST-ZIP **NEW YORK NY 10019**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**400013728514**  
**03/10/03--01053--001 \*\*141.25**

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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:

*Kathryn M. Mansfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/19/03**  
Date

**214-599-2293**  
Daytime Phone #

CR2E003 (10/02)