

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2004

**DOCUMENT # B98000000509**

1. Entity Name  
**JUPITER PARK PARTNERS L.P.**



**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**04 MAR 23 PM 3:38**

Principal Place of Business <b>2440 SE FEDERAL HIGHWAY STUART, FL 34994</b>	Mailing Address <b>P.O. BOX 359 STUART, FL 34995</b>
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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

03082004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0845254</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHARFF, BURTON G  
2315 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406**

**7. Name and Address of New Registered Agent**

Name <b>Char O'Donnell, Administrator</b>
Street Address (P.O. Box Number is Not Acceptable) <b>2440 SE Federal Hwy, Suite 600</b>
City <b>Stuart</b>
State <b>FL</b>
Zip Code <b>34994</b>

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 *Char O'Donnell* Administrator

**3-11-04**  
DATE

9. Capital Contributions as Shown on record. **\$650,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	
NAME	<b>GARRIS, STANLEY R</b>
STREET ADDRESS	<b>75356 AUGUSTA DRIVE</b>
CITY-ST-ZIP	<b>INDIAN WELLS, CA 92210</b>

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	<b>100032102251</b>
	<b>04/07/04--01049--032 **526.25</b>

DOCUMENT #		STREET ADDRESS	
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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: *Stanley R. Garriss* **Stanley R. Garriss** **3-11-04** **772-287-1844**