

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 27 AM 10:43

<b>DOCUMENT # B98000000509</b> 1. Entity Name JUPITER PARK PARTNERS L.P.					
Principal Place of Business 850 SW MARTIN DOWNS BL. PALM CITY, FL 34990			Mailing Address P.O. BOX 359 STUART, FL 34995		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01272006    Chg-LP    CR2E003 (11/05)	
Zip		Country		4. FEI Number 65-0845254	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'DONNELL, CHAR ADMIN. 850 SW MARTIN DOWNS BL. PALM CITY, FL 34990				Name Stanley R. Garris	
				Street Address (P.O. Box Number is Not Acceptable) 850 SW Martin Downs Blvd.	
				City Palm City <b>FL</b> Zip Code 34990	
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		Stanley R. Garris		DATE 2-1-2006	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 850 SW Martin Downs Blvd.		
GARRIS, STANLEY R 75356 AUGUSTA DRIVE INDIAN WELLS, CA 92210			CITY-ST-ZIP Palm City, Florida 34990		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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 exemptions contained in Chapter 119, 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. Garris		2-1-2006    772-287-1844	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE