

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 FEB 28 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152007 Chg-LP CR2E003 (12/06)

DOCUMENT # B98000000509 1. Entity Name JUPITER PARK PARTNERS L.P.		
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Principal Place of Business 850 SW MARTIN DOWNS BL. PALM CITY, FL 34990	Mailing Address P.O. BOX 359 STUART, FL 34995
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
GARRIS, STANLEY R 850 SW MARTIN DOWNS BL. PALM CITY, FL 34990	

7. Name and Address of New Registered Agent	
Name <u>Christopher GARRIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>850 SW Martin Downs Blvd.</u> City <u>Palm City</u> FL <u>34990</u>	

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 <u>Christopher GARRIS</u> DATE <u>2-15-07</u>	
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	GARRIS, STANLEY R
STREET ADDRESS	850 SW MARTIN DOWNS BLVD
CITY-ST-ZIP	PALM CITY, FL 34990
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
200090086632 03/02/07--01049--021 **500.00	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: <u>Christopher GARRIS</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <u>2-15-07</u> Daytime Phone # <u>(772) 287-1844</u>
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STAPLE CHECK HERE