

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B99000000030

1. Entity Name
JUNIPER BAY INVESTORS LIMITED PARTNERSHIP



Principal Place of Business
~~1148 FIRST AVENUE NORTH~~
BILLINGS, MT 59101

Mailing Address
P.O. BOX 31775
BILLINGS, MT 59107

1224 Hwy 87E

DO NOT WRITE IN THIS SPACE

FILED

2008 APR 22 A 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04172008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
81-0460410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KREULEN, JAN
3000 TANGLEWOOD PARKWAY
SEBRING, FL 33872

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # ~~G02246900144~~ 608102900184
NAME JOHN AND GERRY GREYTAK TRUST
STREET ADDRESS P. O. BOX 31775
CITY-ST-ZIP BILLINGS, MT 59101

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04/21/08--01013--021 **552.50

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IN THIS SPACE**

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:

[Signature] JOHN J. GREYTAK

4/17/08

863-402-0769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE