

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P96000101569

1. Entity Name  
JUPITER PROPERTY MANAGEMENT, INC.



FILED  
2007 JAN 22 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O THE OLD MOUNTAIN COMPANY, INC.  
225 WEST WACKER, SUITE 1500  
CHICAGO, IL 60606

Mailing Address  
225 WEST WACKER  
SUITE 1500  
CHICAGO, IL 60606 US



01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3942329 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

*[Handwritten Signature]*

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIELD, MARSHALL V
STREET ADDRESS	225 W WACKER DR, SUITE 1500
CITY-ST-ZIP	CHICAGO, IL
TITLE	D
NAME	PIROVANO, JOHN A
STREET ADDRESS	551 FIFTH AVENUE, SUITE 1916
CITY-ST-ZIP	NEW YORK, NY
TITLE	VT
NAME	HAMMOND, TORRENCE K
STREET ADDRESS	225 W WACKER DR STE 1500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	S
NAME	SVEC, CHRISTINE
STREET ADDRESS	225 W WACKER DR STE 1500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	<i>B Vaylor</i>
STREET ADDRESS	
CITY-ST-ZIP	

000086744590  
01/31/07--01010--001 \*\*2250.00

**DO NOT WRITE IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Christine Svec*

Christine Svec, Secretary

1/19/07

312-917-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #