

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90127 001 ***750.00

DOCUMENT # P96000101569
 1. Entity Name
JUPITER PROPERTY MANAGEMENT, INC.



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

66003299



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

02112008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
13-3942329 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **FIELD, MARSHALL V**
 STREET ADDRESS **225 W WACKER DR, SUITE 1500**
 CITY-ST-ZIP **CHICAGO, IL**

TITLE Change Addition
 NAME **President**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PIROVANO, JOHN A**
 STREET ADDRESS **551 FIFTH AVENUE, SUITE 1916**
 CITY-ST-ZIP **NEW YORK, NY**

TITLE Change Addition
 NAME **Treasurer**
 STREET ADDRESS **Susan E. Shapiro**
 CITY-ST-ZIP **225 W. Wacker Dr., #1500**
 Chicago, IL 60606

TITLE **VT** Delete
 NAME **HAMMOND, TORRENCE K**
 STREET ADDRESS **225 W WACKER DR STE 1500**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE Change Addition
 NAME **SVEC, CHRISTINE**
 STREET ADDRESS **225 W WACKER DR STE 1500**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE **S** Delete
 NAME **SVEC, CHRISTINE**
 STREET ADDRESS **225 W WACKER DR STE 1500**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE Change Addition
 NAME **SVEC, CHRISTINE**
 STREET ADDRESS **225 W WACKER DR STE 1500**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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** **2/11/08** **312-917-1813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #