2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT #A99000001287

1. Entity Name LAKE STELLA, LTD.



FILED Feb 27, 2008 08:00 AM Secretary of State

Principal Place of Business

211 STIRLING AVENUE WINTER PARK, FL 32789

Mailing Address

211 STIRLING AVENUE WINTER PARK, FL 32789



02112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3591255

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, THOMAS A 211 STIRLING AVENUE WINTER PARK, FL 32789 8. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. After May 1, 2008, Fee will be \$800.00 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION DOCUMBRY / NAME SIRET ADMESS CITY-ST-2P DOCUMBR	6. Name and Address of Current Registered Agent			
The obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. 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 NAME SITRET ADDRESS CITY-ST-2IP DOCUMENT / NAME SITR	211 STIRLING AVENUE			
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TILE NOWILL 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 / NAME SIREET ADDRESS CITY-ST-2IP DOCUMENT / NAME SIREET ADDRESS CITY-ST-2IP DOCUMENT / NAME SIREET ADDRESS CITY-ST-2IP DOCUMENT / NAME SIREET ADDRESS CITY-ST-2IP DOCUMENT / NAME SIREET ADDRESS CITY-ST-2IP DOCUMENT / NAME SIREET ADDRESS CITY-ST-2IP DOCUMENT / NAME SIREET ADDRESS CITY-ST-2IP DOCUMENT / NAME SIREET ADDRESS CITY-ST-2IP	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE	
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	CITY-ST-ZIP			
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14. I hereby certify that the information supplied with this filling 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 peper as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-14-08 386-698-10