

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A00000002021

1. Name of Limited Partnership

STARLIGHT STABLES, LTD.

REINSTATEMENT 2001

2. Principal Office Address

510 SE HWY 484

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34480

Country

USA

3. Mailing Office Address

510 SE HWY 484

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34480

Country

USA

4. Date Formed or Registered To Do Business in Florida

2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:

2,200,000

7b. Amount of Capital Contributions in FLORIDA to date:

2,200,000

8. Name and Address of Current Registered Agent

Name

JACK WOLF

Street Address (P.O. Box Number is Not Acceptable)

1759 BAYSHORE ROAD

Suite, Apt. #, Etc.

City

NOKORMIS

State

FL

Zip Code

34275-1413

FEES:

1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Jack Wolf

DATE

10/24/01

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
BABE EQUINE SERVICES LLC	510 SE HWY 484	OCALA, FL 34480	L00000014959
			500004676855--7 -11/13/01--01071--014 ***1026.25 ***1026.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE

10/24/01

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E038 (9/01)