

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000607

1. Entity Name

ALL IN THE STARS, LTD.

FILED

02 APR 30 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1311 S. VINELAND ROAD
WINTER GARDEN FL 34711

Mailing Address

1311 S. VINELAND ROAD
WINTER GARDEN FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number
59-3719595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYETTE, WADE

1380 GRAND HIGHWAY, SUITE 200
CLERMONT FL 34711

Name

Hendry, Stoner, Delancett & Brown, P.A.

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

200 E. Robinson Street

Suite 500

City
Orlando

FL

Zip Code
32801

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.

Hendry, Stoner, Delancett & Brown, P.A.

SIGNATURE By:

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000010677
NAME ALL IN THE STARS, INC.
STREET ADDRESS 1311 S. VINELAND ROAD
CITY-ST-ZIP WINTER GARDEN FL 34711

STREET ADDRESS

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 18 2002

Date

Daytime Phone #

0016370 AT

CR2E003 (9/01)