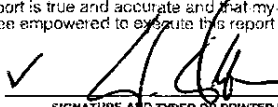


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 23 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000607 1. Entity Name ALL IN THE STARS, LTD.					
Principal Place of Business 1311 S. VINELAND ROAD WINTER GARDEN, FL 34787			Mailing Address 1311 S. VINELAND ROAD WINTER GARDEN, FL 34787		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3719595	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____					
9. Capital Contributions as Shown on record. \$20,180.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 CITY-ST-ZIP 900035829979 05/10/04--01096--034 **230.01		
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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:  Feb 20, 2004 407-656-5598 Date Daytime Phone #					

STAPLE CHECK HERE