

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 9:42

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
545-7 DELANEY AVE

3. Mailing Address
545-7 DELANEY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312005 Chg-LP CR2E003 (10/03)

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-3719595

Applied For
Not Applicable

Zip
32801

Country
USA

Zip
32801

Country
USA

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
SUITE 600
ORLANDO, FL 32801

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

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

DATE

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS 545-7 DELANEY AVE

CITY-ST-ZIP ORLANDO FL 32801

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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:

WOLFGANG DUEREN

03/02/05

407-245-8360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE