

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 23 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01192007 Chg-LP CR2E003 (12/06)

4. FEI Number **59-3719595** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # A01000000607

1. Entity Name
ALL IN THE STARS, LTD.



Principal Place of Business
**545-7 DELANEY AVENUE
ORLANDO, FL 32801**

Mailing Address
**545-7 DELANEY AVENUE
ORLANDO, FL 32801**

2. Principal Place of Business - No P.O. Box #
200 S. Orange Avenue
Suite, Apt. #, etc.
Suite 2025
City & State
Orlando, Florida
Zip
32801 Country
USA

3. Mailing Address
200 S. Orange Avenue
Suite, Apt. #, etc.
Suite 2025
City & State
Orlando, Florida
Zip
32801 Country
USA

6. Name and Address of Current Registered Agent

**HENDRY, STONER, CALANDRINO & BROWN PA.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000010677	STREET ADDRESS	200 S. Orange Avenue, Suite 2025
NAME	ALL IN THE STARS, INC.	CITY-ST-ZIP	Orlando, Florida 32801
STREET ADDRESS	545-7 DELANEY AVENUE		
CITY-ST-ZIP	ORLANDO, FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

100095215591
03/29/07--01017--009 **500.00

14. I hereby certify that the information supplied with this filing 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 report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **Jan 31, 2007** (407) 245-8360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE