

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

08 MAY 12 PM 4:52

DOCUMENT # A01000000607 1. Entity Name: ALL IN THE STARS, LTD.	
---	---

Principal Place of Business 200 S ORANGE AVENUE SUITE 2025 ORLANDO, FL 32801	Mailing Address 200 S ORANGE AVENUE SUITE 2025 ORLANDO, FL 32801
---	---



04152008 No Chg-LP CR2E003 (12/06)

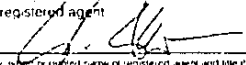
4. FEI Number 59-3719595	Applicant Fee \$8.75 Additional Fee Required
5. Certificate of Status Desired ☐	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO & BROWN PA. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801
--

**DO NOT WRITE
IN THIS SPACE**

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: _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

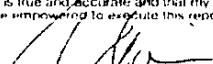
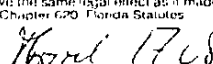
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P01000010677
NAME	ALL IN THE STARS, INC.
STREET ADDRESS	200 S ORANGE AVENUE, SUITE 2025
CITY, ST, ZIP	ORLANDO, FL 32801
REGISTERED	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

700128802367
05/08/08--01010--034 **\$500.00

**DO NOT WRITE
IN THIS SPACE**

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:   DATE: _____ DAY: _____ MONTH: _____