2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

CHECK

STAPLE

STREET ADDRESS

SIGNATURE:

DOCUMENT # A02000000783 06 FEB 20 AM 8: 49 STAR GAZERS INTERNATIONAL, LTD. Principal Place of Business Mailing Address ONE ST. JOHNS MEDICAL PARK DR. ONE ST. JOHNS MEDICAL PARK DR. ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086 01192006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3670381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH DO NOT WRITE 9250 BAYMEADOWS RD., STE. 280 450 JACKSONVILLE, FL 32256-1813 IN THIS SPACE 8. The above named ext thits 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 egis d agent. 2-6-06 FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 # NAME GIROUARD, ALLAN A ONE ST. JOHNS MEDICAL PARK DR. STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32086 100066802831 02/28/06--01019--020 ***500.00 OCCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADORESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS .#ITY-ST-ZIP DOCUMENT # NAME

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 it 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 papter 620, Florida Statutes