


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000000783	
1. Entity Name STAR GAZERS INTERNATIONAL, LTD.	

Principal Place of Business ONE ST. JOHNS MEDICAL PARK DR. ST. AUGUSTINE, FL 32086	Mailing Address ONE ST. JOHNS MEDICAL PARK DR. ST. AUGUSTINE, FL 32086
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04152007 Chg-LP CR2E003 (12/06)

4. FEI Number 04-3670381	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH 9250 BAYMEADOWS RD., STE. 450 JACKSONVILLE, FL 32256-1813

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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 #	NAME	STREET ADDRESS	
STREET ADDRESS	ONE ST. JOHNS MEDICAL PARK DR.	CITY-ST-ZIP	000000730741
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		05/08/07-80092-019 500.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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CITY-ST-ZIP			

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date 4-16-07	Daytime Phone # 904-797-7447
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STAPLE CHECK HERE