


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

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

Principal Place of Business 1740 TREE BLVD, SUITE 114 ST. AUGUSTINE, FL 32084	Mailing Address 1740 TREE BLVD, SUITE 114 ST. AUGUSTINE, FL 32084
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country




02182008 Chg-LP CR2E003 (12/06)

4. FEI Number 04-3670381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIROUARD, ALLAIN MD 1 ST JOHN MEDICAL PARK ST AUGUSTINE, FL 32086 <i>Address change below</i>	7. Name and Address of New Registered Agent Name JAME AGENT / NEW ADDRESS Street Address (P.O. Box Number is Not Acceptable) 1740 TREE BLVD #114 City ST AUGUSTINE FL Zip Code 32084
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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  DATE 2/18/08

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GIROUARD, ALLAN A	STREET ADDRESS	1740 TREE BLVD #114
NAME	ONE ST. JOHNS MEDICAL PARK DR.	CITY-ST-ZIP	ST AUGUSTINE FL 32084
STREET ADDRESS	ST. AUGUSTINE, FL 32086		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000119601430
NAME		CITY-ST-ZIP	03/07/08--01005--002 **\$00.00
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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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/18/08

STAPLE CHECK HERE