
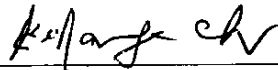


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
2005 APR 26 PM 12: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0300000989					
1. Entity Name SEVEN STARS CAPITAL PARTNERS, LTD.					
Principal Place of Business 15871 SW 14TH STREET PEMBROKE PINES, FL 33027			Mailing Address 15871 SW 14TH STREET PEMBROKE PINES, FL 33027		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01272005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 11-3696776 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHARY, RANGA 15871 SW 14TH STREET PEMBROKE PINES, FL 33027			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
9. Capital Contributions as Shown on record. \$2,039,746.00		10. Amount of Capital Contributions in FLORIDA to date. \$0.00			
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 #	L03000024325		STREET ADDRESS		
NAME	SEVEN STARS CAPITAL MANAGEMENT, LLC		CITY-ST-ZIP	800054344388 05/12/05--010301--016 **535.00	
STREET ADDRESS	15871 SW 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Ranga Chary		954-442 1301
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE