


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A04000001952 1. Entity Name SOUTHERN STAR PARTNERS LTD			FILED 07 MAY 24 AM 9:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
Principal Place of Business 13100 PINE BOROUGH LANE PALM BEACH GARDENS, FL 33418		Mailing Address 13100 PINE BOROUGH LANE PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business - No P.O. Box # 3306 Enterprise Rd Suite, Apt. #, etc. 201 City & State Fort Pierce, FL Zip 34982 Country USA		3. Mailing Address 3306 Enterprise Rd Suite, Apt. #, etc. 201 City & State Fort Pierce, FL Zip 34982 Country USA	
		05212007 Chg-LP CR2E003 (12/06)	
		4. FEI Number 20-1866899	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Terrence Brisson	
		Street Address (P.O. Box Number is Not Acceptable) 3306 Enterprise Rd # 201	
		City Fort Pierce FL Zip Code 34982	
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: 5/21/2007	
FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	BRISSON, TERRANCE	STREET ADDRESS	3306 Enterprise Rd # 201
NAME	900 TREASURE CAY DRIVE	CITY - ST - ZIP	Fort Pierce, FL 34982
STREET ADDRESS			
CITY - ST - ZIP			
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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: 		DATE: 5/21/07 772 464-1088	

STAPLE CHECK HERE