


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A08767 1. Entity Name DON CARTER'S ALL STAR LANES - BOCA RATON, LTD.	
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Principal Place of Business 21046 COMMERCIAL TRAIL BOCA RATON, FL 33432	Mailing Address 1389 N.W. 136TH AVENUE SUNRISE, FL 33323
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04132006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-1988650	Applied For <input type="checkbox"/> 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 STRICKROOT, JOHN C. 25 W. FLAGLER ST. 5TH FLOOR MIAMI, FL 33130	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	POWELL, JOHN JR.	CITY-ST-ZIP	
STREET ADDRESS	6639 EMBASSY CT.		
CITY-ST-ZIP	MAUMES, OH		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ISAN, JERRY B.	CITY-ST-ZIP	
STREET ADDRESS	2420 27TH ST		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ROSE, BURTON	CITY-ST-ZIP	
STREET ADDRESS	5580 MONROE ST.		
CITY-ST-ZIP	SYLVANIA, OH		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CARTER, DONALD J.	CITY-ST-ZIP	
STREET ADDRESS	9895 S.W. 96 ST.		
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: Donald Carter Donald Carter 4-21-06 954-846-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE