

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A24431

1. Entity Name
DON CARTER'S ALL STAR LANES - PBC, LTD.



Principal Place of Business
**6591 MILITARY TRAIL
 LAKE WORTH, FL 33463**

Mailing Address
**1389 N.W. 136TH AVENUE
 SUNRISE, FL 33323**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc

Suite, Apt. # etc

04122004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-2860140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAN, JERRY B.
 1389 N.W. 136TH AVENUE
 SUNRISE, FL 33323**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
 as Shown on record

\$2,052,300.00

10. Amount of Capital Contributions
 in FLORIDA to date

2,052,300.00

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

CITY - ST - ZIP

**CARTER, DONALD J.
 9895 S.W. 96TH ST.
 MIAMI, FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**ROSE, BURTON
 5580 MONROE ST.
 SYLVANIA, OH**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**ISAN, JERRY B.
 2420 NE 27TH ST
 LIGHTHOUSE POINT, FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**POWELL, JOHN
 6639 EMBASSY CT.
 MAUMEE, OH**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jerry Isan x 4-24-04 (954) 846-8400
 Date Daytime Phone #

STAPLE CHECK HERE